Student Formulary

This formulary applies to the following CA plan issued by

Wellfleet Group, LLC dba Wellfleet Administrators, LLC:

University of California Berkeley

Visit www.studentinsurance.com and search for your school to locate plan-specific coverage documents.
For an electronic version of this document visit: http://wellfleetrx.com
To contact customer service please call: 800-482-1285

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All Previous versions of this document are no longer active or in effect.

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This document represents the efforts of the Remedy-One Pharmacy and Therapeutics (P&T) Committees, on behalf of Wellfleet Rx, a pharmacy solution provided by Wellfleet Group, LLC dba Wellfleet Administrators, LLC (Wellfleet), in collaboration with Kroger Prescription Plans (KPP), to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. This is accomplished through the auspices of the P&T Committees with input from Wellfleet and its Student Health Advisory Board. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary. The P&T Committees use the following criteria in the evaluation of drug selection for the Student Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapies

As used in this document, the terms defined below have the following meanings.

- "Brand name drug" means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.
  - "Coinsurance" means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.
  - "Copayment" means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.
  - "Deductible" means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.
  - "Drug Tier" means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.
  - "Exception request" means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.
  - "Exigent circumstances" means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.
  - "Formulary" or "prescription drug list" means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.
  - "Generic drug" means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.
  - "Medically Necessary" means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.
  - "Non-formulary drug" means a prescription drug that is not listed on this formulary.

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- "Out-of-pocket costs" means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.
- "Prescribing provider" means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.
- "Prescription" means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.
- "Prescription drug" means a drug that by law requires a prescription.
- "Prior Authorization" means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.
- "Step therapy" means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

How to Use the Formulary

The Formulary is a list of medications available to Wellfleet Rx members under their pharmacy benefit. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name (in capital letters) and by therapeutic drug category. *In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only. Brand names usually cost more and are not preferred over generic alternatives.* Any drugs not found in this formulary listing or any formulary updates published by Wellfleet Rx are considered non-formulary drugs and require prior authorization.

All drugs are listed in each category in alphabetical order by brand and generic names according to First Databank Enhanced Therapeutic Classification System. All drugs have a generic name. The generic name for a brand name drug is included after the brand name in parentheses and all lowercase *italicized* letters. If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase letters; and if the generic drug is marketed under a proprietary, trademark- protected band name, the brand will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized. If a generic equivalent for a brand is not available on the market or is not covered, the drug will not be separately listed by its generic name. See the table below for an example of this formatting:

Drug	Status	Notes
Hormonal Deficiency		
Androgenic Agents		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) (*testosterone*)	Tier 3	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)	Tier 1	PA

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Some drugs on the formulary have certain process requirements or limitations for coverage. These are denoted by:

Symbol	Name	Description
Age	Age Edit	Drug may not be recommended for some patients based on age.
G	Gender Edit	Drug may not be recommended for some patients based on gender.
OCh	Oral Chemotherapy	Drug subject to a maximum cost sharing amount of $250.
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug.
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.
SP	Specialty	Requires your doctor to request prior authorization to support use of this drug (except if filled at the Tang Center pharmacy) and is subject to the specialty tier copay. The plan covers specialty drugs filled Tang Center Pharmacy or at participating retail and specialty pharmacies. Limited distribution drugs and other specialty drugs may need to be filled at a Specialty pharmacy as opposed to retail.
ST	Step Therapy	Coverage may depend on previous use of another drug.
Tier 0	Preventative Medications	Covered with a $0 copay.

Please note that a drugs presence on the formulary, no matter the tier, does not guarantee that it will be prescribed for any particular medical condition.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, or a lack of coverage, which are not reflected in the Formulary. For example, drugs for the treatment of infertility may not be covered. Refer to your benefit summary for more information regarding your specific coverage.

Medications covered under the plan are subject to copay or coinsurance depending on the specific benefit design, type of medication and tier of the medication. Each plan is divided into a 3 Tier copay structure and has a separate copay for Specialty medications. Below is a table divided by plans in the state of California that lists specific copays. Tier 1 medications are preferred formulary generic medications, Tier 2 medications are preferred formulary brand medications and high cost generics, and Tier 3 medications are non-preferred formulary brand and generic as well as excluded.

The Patient Protection and Affordable Care Act (PPACA), commonly known as health care reform, was signed into federal law in 2010. The PPACA established a package of items and services known as essential health benefits, which includes preventative services and medications. As of 2014, certain health plans are required to cover recommended preventive services and medications without charging a copayment, coinsurance or deductible. Wellfleet Rx has developed a list of medications and coverage criteria to support preventive medication requirements based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention (CDC) to be covered under the pharmacy benefit. Recommendations from USPSTF and the CDC can occur at any time and health plans have specified timelines to implement these recommendations to be compliant with federal law. Plans that meet the definition of a "grandfathered" plan are not subject to PPACA's Essential Health Benefit requirements. Under the Affordable Care Act (ACA), plans are required to cover USPSTF preventive recommendations that have an A or B rating.

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Medications covered under this provision are denoted $0 in the "Drug Tier" column. Coverage for these medications can be acquired by following the steps below in the section marked "How to obtain a Prescription with Your Benefit."

For members utilizing disability policies, under California State law, the following equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin using diabetes, and gestational diabetes are required to be covered, as medically necessary: blood glucose monitors and blood glucose strips; blood glucose monitors designed to assist the visually impaired; ketone urine testing strips; lancets and lancet puncture devices; pen delivery systems for the administration of insulin; podiatric devices to prevent or treat diabetes-related complications; insulin syringes; visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin. Additionally, the following prescriptions are required to be covered as medically necessary: insulin; prescription medications for the treatment of diabetes; and glucagon. Coverage for outpatient self-management training, education, and medical nutrition therapy necessary to enable the member to properly utilize the equipment, supplies, and medication provided by appropriately licensed or registered health care professional is also required

For members utilizing disability policies, under California State law, the following is required to be covered: all FDA-approved, contraceptive drugs, devices, and other contraceptive products, including all FDA-approved contraceptive drugs, devices, and products available over the counter, as prescriber by the member's health care provider; voluntary sterilization procedures, patient education and counseling on contraception; follow-up services related to the drugs, devices, products, and procedures including management of side-effects, counseling for continued adherence, and device insertion and removal; and up to a 12- month supply of FDA-approved, self-administered hormonal contraceptives are required to be covered.

Maximum Cost Sharing by Drug Tier

Plan	Fulfillment Channels	Tier 1 – Preferred Generics	Tier 2 – Preferred Brand - High Cost Generics (HCG)	Tier 3 – Non-preferred Medications	Specialty Medications*
University of California Berkeley	**Tang Center Pharmacy**	Copays Waived	$25	$40	$75
	Participating Retail	$10	$35	$50	$250 Copay or 20% (whichever is less)

*Specialty medications are marked with an "SP" symbol in the Notes column of the drug list. Specialty medications may be obtained at participating pharmacies that carry them. Note that for oral antineoplastic medications, a copay over $250 is not permissible per CA state law

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. Medications used in an inpatient setting are usually covered under the medical benefit. If a member has any specific questions regarding their coverage, they should contact the plan administrator HealthComp at 833.302.9785.

Utilization Management (UM) tools

Depending upon a member's specific benefit, the following topics may apply:

1. Generic Substitution

When available, FDA approved generic drugs must be used in most situations, regardless of the brand name indicated. Members usually have lower copays and or co-insurance when they use generic drugs. This policy is not meant to preclude or supplant any

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state statues that may exist. All drugs that are or become available generically are subject to review by the P&T Committee. The P&T Committee approves such multi- source drugs for addition to the MAC list based on the following criteria:

- A multi- source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the P&T Committee.
- Drug product will be approved for generic substitution by the P&T Committee.

If a member requests a brand name drug instead of an approved generic, the member, based on their coverage, is typically required to pay the difference in cost between the brand and the generic. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

2. Medication Synchronization (MedSync)

For select medications (brand or generic, opioids included), a pro-rated copay will be applied if dispensed for less than a predefined day supply. This applies to patients receiving partial fills for the purposes of medication synchronization or who are starting new medication with a shortened fill to align with other already synchronized medications. The pro-rated amount will be calculated based on the maximum allowable day supply for the individual plan benefit and applies to flat copayment.

3. Medication Request Process

Depending upon plan benefit design, a medication request process may apply as follows:

A. Formulary Drugs

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per P&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

B. Non-Formulary Drug Exceptions

Any drug not found in the Formulary listing, or any Formulary updates published by Wellfleet Rx, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance. When a member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist will evaluate the patient's drug history and contact the physician to determine if there is a reasonable medical need for a non-formulary drug. Each request will be reviewed on an individual patient need basis. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of formulary drugs is contraindicated in the patient.
- The patient has failed an appropriate trial of formulary or related agents.
- The choices available in the formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a formulary drug may provoke an underlying condition, which would be detrimental to patient care.

If the request does not meet the guidelines established by the P&T Committees, the request will not be approved, and alternative therapy may be recommended.

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C. Obtaining Coverage

Coverage, questions or information regarding the medication request or non-formulary exception process may be obtained by:

- Faxing a completed Medication Request Form to 858.790.7100.
- Contacting at 800.482.1285 and providing all necessary information requested.

An authorization number, specific for the medical need, will be provided for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Therapy that is deemed medically necessary must be covered pending the submission of supporting clinical evidence and documentation. Prior Authorization is generally not available for drugs that are specifically not covered by benefit design.

For any and all requests, a notice to either the member or a designated representative will be made no later than 72 hours following the receipt of all non-urgent requests and 24 hours following the receipt of an urgent or exigent request. Approved coverage for non-urgent requests must provide coverage for the duration of the prescription including refills. Approved coverage for an urgent or exigent circumstance must provide coverage for the duration of the urgency or exigency. A denied claim may be appealed and additional information about appeal rights and procedures will be provided with coverage documents.

4. Step Therapy Process

Drugs that are listed in the Formulary with associated Step Therapy (ST) require evaluation, per P&T Committee Step Therapy guidelines prior to dispensing at a network pharmacy. Previous claims for pre-requisite drugs will be noted at the time of processing if they are within a certain time frame. If no claims are found a medication request form must be submitted stating all previous therapy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended. Note that a member cannot be required to try previously met steps from previous coverage but may be required to try any pre-requisite medication that has not been previously tried before coverage of a medication is approved.

To obtain coverage for a medication bypassing its step therapy requirements, please refer to the above section (3.C) for step by step instructions on requesting an exception.

5. Quantity Limits

Drugs that are listed in the Formulary with associated Quantity Limits (QL) are subject to those limits. Approval for a quantity of a drug outside of an established QL requires evaluation, per P&T Committee guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

6. General Items Not Covered on the Formulary

A. Over the Counter (OTC) medications or their equivalents, unless otherwise specified in the Formulary listing.
B. Nicotine Smoking Cessation products (i.e., transdermal nicotine, nicotine gum, nicotine inhaler), except as required by ACA.
C. Drugs specifically listed as not covered.
D. Any drug products used for cosmetic purposes.
E. Experimental drug products or any drug product used in an experimental manner.
F. Replacement of lost or stolen medication.
G. Non-self-administered injectable drug products unless otherwise specified in the Formulary listing.

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H. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration.

Any drugs not listed in this print formulary are considered not covered by the drug benefit. The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

7. Pharmacist and Physician Communication

The Formulary is a tool to promote cost- effective prescription drug use. The P&T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task.

How to obtain a Prescription with Your Benefit

Prescriptions can be obtained through the all network pharmacies. To have a prescription filled, you may contact your physician and have them send a new prescription to any network pharmacy or you are able to have a network pharmacy transfer-in any current Prescription by contacting them and providing your current pharmacy's information. To locate an in-network pharmacy, please visit http://wellfleetrx.com/students/pharmacy-network/. The listing of in-network pharmacies is updated on a quarterly basis.

In the case of specialty drugs, all available specialty drugs may be filled at Kroger Specialty Pharmacy (KSP) or another network pharmacy unless the medication is under a limited distribution contract.

Formulary Changes

This formulary must be updated monthly to reflect formulary changes as new brand name and generic medications become available. At those times, medications may be subject to any Utilization Management (UM) tool available as determined by the P&T committee. Additional items that may be subject to change are a drugs inclusion on the formulary, a drug's tier placement on the formulary, and any UM tools that affect a drug on the formulary. The plan usually makes and implements changes to the present formulary on a quarterly basis, but depending on your benefit design, those changes may not impact member coverage until the next plan year renewal. For any formulary changes that may negatively affect members, letters will be mailed at least 90 days prior to the effective date of the changes to inform members about the change to their coverage. Letters will also be mailed to providers at the same time to better facilitate either continued coverage of a medication that is impacted or to provide alternative medication that would be covered by the plan.

A medication that has been previously approved for coverage for a member's medical condition that continues to be prescribed for that medical condition cannot be limited any more than previously limited, nor can coverage be excluded, provided that the medication is appropriately prescribed, safe, and effective for treating the medical condition.

Drug list created 1/1/2019. Updated 1/1/2020. Next planned update 7/1/2020.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Vitamins And Minerals		
Alternative Therapy - Unclassified - Vitamins And Minerals		
Q-GEL MEGA ORAL CAPSULE 100-150 MG-UNIT (ubidecarenone)	Tier 1	
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever		
Analgesic Opioid Agonists - Arthritis And Pain Drugs		
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG (morphine)	Tier 2	QL (3 EA per 1 day)
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone)	Tier 3	
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG (morphine)	Tier 2	QL (4 EA per 1 day)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG (morphine)	Tier 2	QL (2 EA per 1 day)
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,250 mcg/25 ml (50 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 400 mcg/8 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous syringe 250 mcg/5 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection patient control.analgesia soln 600 mcg/30 ml, 750 mcg/30 ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection prefilled pump reservoir 10 mcg/ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,100 mcg/55 ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 500 mcg/50 ml (10 mcg/ml), 600 mcg/30 ml (20 mcg/ml)	Tier 1	

Tier 0 = Preventive Medications | Tier 1 = Preferred Generic Drugs | Tier 2 = Preferred Brand Name Drugs | Tier 3 = Non-Preferred Brand Name Drugs
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | OCh = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 100 mcg/10 ml (10 mcg/ml), 50 mcg/5 ml (10 mcg/ml)	Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
fentanyl citrate in d5w (pf) intravenous pt controlled analgesia syring 100 mcg/10 ml (10 mcg/ml), 300 mcg/30 ml (10 mcg/ml)	Tier 1	
fentanyl citrate in d5w (pf) intravenous solution 10 mcg/ml	Tier 1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; QL (1 EA per 3 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	Tier 1	PA; QL (1 EA per 3 days)
hydromorphone (pf) in water injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)	Tier 1	
hydromorphone (pf) in water intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	
hydromorphone (pf) injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 20 mg/100 ml (0.2 mg/ml), 50 mg/50 ml (1 mg/ml)	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 0.5 mg/ml, 1 mg/ml	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous syringe 1 mg/5 ml (0.2 mg/ml), 1 mg/ml, 2 mg/ml	Tier 1	
hydromorphone in 0.9 % nacl injection prefilled pump reservoir 100 mg/100 ml (1 mg/ml)	Tier 1	
hydromorphone in 0.9 % nacl injection pt controlled analgesia syring 55 mg/55 ml (1 mg/ml)	Tier 1	
hydromorphone in 0.9 % nacl intravenous patient control.analgesia soln 15 mg/30 ml (0.5 mg/ml)	Tier 1	

Tier 0 = Preventive Medications | Tier 1 = Preferred Generic Drugs | Tier 2 = Preferred Brand Name Drugs | Tier 3 = Non-Preferred Brand Name Drugs
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | OCh = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)	Tier 1	
hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 15 mg/30 ml (0.5 mg/ml), 5 mg/25 ml (0.2 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 1	
hydromorphone in 0.9 % nacl intravenous solution 0.2 mg/ml	Tier 1	
hydromorphone in 0.9 % nacl intravenous solution 0.5 mg/50 ml, 1 mg/50 ml, 2 mg/50 ml	Tier 1	
hydromorphone in 0.9 % nacl intravenous syringe 0.5 mg/ml, 1 mg/ml (1 ml), 2 mg/10 ml (0.2 mg/ml)	Tier 1	
hydromorphone in d5w (pf) intravenous pt controlled analgesia syring 3 mg/30 ml (0.1 mg/ml)	Tier 1	
hydromorphone in d5w (pf) intravenous syringe 0.5 mg/5 ml (0.1 mg/ml)	Tier 1	
hydromorphone injection solution 1 mg/ml, 4 mg/ml	Tier 1	
hydromorphone injection solution 2 mg/ml	Tier 1	
hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml	Tier 1	
hydromorphone oral liquid 1 mg/ml	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	Tier 2	PA; QL (1 EA per 1 day)
hydromorphone oral tablet extended release 24 hr 32 mg	Tier 2	PA; QL (2 EA per 1 day)
hydromorphone rectal suppository 3 mg	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone)	Tier 2	QL (1 EA per 1 day)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML (morphine)	Tier 3	
levorphanol tartrate oral tablet 2 mg	Tier 1	
meperidine (pf) in 0.9 % nacl intravenous pt controlled analgesia syring 550 mg/55 ml (10 mg/ml)	Tier 1	
meperidine oral tablet 100 mg, 50 mg	Tier 1	QL (6 EA per 1 day)
methadone injection syringe 5 mg/0.5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methadone (Methadone Intensol Oral Concentrate 10 Mg/Ml)	Tier 1	ST: Prior prescription for methadone oral solution (5mg/5mL or 10mg/5mL) in the past 120 days; QL (4 ML per 1 day)
methadone intravenous syringe 10 mg/ml	Tier 1	
methadone oral concentrate 10 mg/ml	Tier 1	ST: Prior prescription for methadone oral solution (5mg/5mL or 10mg/5mL) in the past 120 days; QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	Tier 1	ST: Prior prescription for an extended-release opioid in the past 120 days; QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml	Tier 1	ST: Prior prescription for an extended-release opioid in the past 120 days; QL (40 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	Tier 1	ST: Prior prescription for methadone tablets (5mg or 10mg) or oral solution (5mg/mL or 10mg/mL) in the past 120 days; QL (1 EA per 1 day)
methadone (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	ST: Prior prescription for methadone tablets (5mg or 10mg) or oral solution (5mg/mL or 10mg/mL) in the past 120 days; QL (1 EA per 1 day)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML (morphine)	Tier 1	
MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 100 MG, 15 MG, 30 MG, 60 MG (morphine)	Tier 2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine (pf) in 0.9 % nacl injection syringe 2 mg/2 ml (1 mg/ml)	Tier 1	
morphine (pf) in 0.9 % nacl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml)	Tier 1	
morphine (pf) in 0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)	Tier 1	
morphine (pf) in 0.9 % nacl intravenous solution 1 mg/ml	Tier 1	
morphine (pf) in 0.9 % nacl intravenous syringe 0.5 mg/ml, 1 mg/ml, 2 mg/2 ml (1 mg/ml), 2 mg/ml, 4 mg/ml, 5 mg/5 ml (1 mg/ml)	Tier 1	
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	Tier 1	
morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml, 30 mg/30 ml	Tier 1	
morphine (pf) intravenous syringe 1 mg/2 ml	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor injection pt controlled analgesia syring 125 mg/25 ml, 55 mg/55 ml (1 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 1,000 mg/ 100 ml, 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 60 mg/30 ml (2 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml	Tier 1	
morphine in 0.9 % sodium chlor intravenous syringe 0.5 mg/ml, 1 mg/ml (1 ml), 3 mg/3 ml (1 mg/ml)	Tier 1	
morphine injection solution 10 mg/ml, 5 mg/ml, 8 mg/ml	Tier 1	
morphine injection solution 2 mg/ml	Tier 3	
morphine injection solution 4 mg/ml	Tier 1	
morphine injection syringe 10 mg/ml	Tier 3	
morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine intramuscular pen injector 10 mg/0.7 ml	Tier 1	
morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	
morphine intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	Tier 1	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	Tier 1	
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Tier 2	QL (2 EA per 1 day)
morphine oral capsule,extend.release pellets 40 mg	Tier 1	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 1	
morphine oral tablet 15 mg, 30 mg	Tier 2	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (tapentadol)	Tier 2	QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol)	Tier 2	QL (6 EA per 1 day)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG (oxycodone)	Tier 2	
oxycodone oral capsule 5 mg	Tier 1	
oxycodone oral concentrate 20 mg/ml	Tier 2	
oxycodone oral solution 5 mg/5 ml	Tier 1	
oxycodone oral syringe 10 mg/0.5 ml	Tier 1	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg	Tier 1	QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	Tier 1	QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG (oxycodone)	Tier 2	QL (2 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	QL (4 EA per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG (oxycodone)	Tier 2	
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY (fentanyl)	Tier 3	ST: Prior prescription for Fentanyl Citrate in the past 120 days
tramadol oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (oxycodone)	Tier 2	QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (oxycodone)	Tier 2	QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (oxycodone)	Tier 2	QL (8 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (hydrocodone)	Tier 3	ST: Prior prescription for Hysingla ER, Morphine Sulfate ER, Nucynta ER, or Oxycontin in the past 120 days; QL (2 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis And Pain Drugs		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	Tier 1	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-ASA-caff (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Dihydrocodeine Combinations - Arthritis And Pain Drugs		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic,Xanthine - Arthritis And Pain Drugs		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Fentanyl Combinations - Arthritis And Pain Drugs		
fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml-0.0625 %	Tier 1	
fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml-0.1 %, 2 mcg/ml- 0.125 %, 5 mcg/ml- 0.125 %	Tier 1	
fentanyl-ropivacaine-nacl (pf) injection prefilled pump reservoir 2 mcg/ml-0.1 %	Tier 1	
fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%	Tier 1	
Analgesic Opioid Hydrocodone And Non-Salicylate Combinations - Arthritis And Pain Drugs		
hydrocodone-acetaminophen oral tablet 2.5-325 mg	Tier 1	
hydrocodone-acetaminophen (Vicodin Es Oral Tablet 7.5-300 Mg)	Tier 2	QL (13 EA per 1 day)
hydrocodone-acetaminophen (Vicodin Oral Tablet 5-300 Mg)	Tier 2	QL (13 EA per 1 day)
Analgesic Opioid Hydrocodone Combinations - Arthritis And Pain Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier 1	QL (180 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 2	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	Tier 1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
hydrocodone-acetaminophen (Lorcet (Hydrocodone) Oral Tablet 5-325 Mg)	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen (Vicodin Es Oral Tablet 7.5-300 Mg)	Tier 2	QL (13 EA per 1 day)
hydrocodone-acetaminophen (Vicodin Hp Oral Tablet 10-300 Mg)	Tier 2	QL (13 EA per 1 day)
hydrocodone-acetaminophen (Vicodin Oral Tablet 5-300 Mg)	Tier 2	QL (13 EA per 1 day)
Analgesic Opioid Oxycodone And Non-Salicylate Combinations - Arthritis And Pain Drugs		
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Oxycodone And Nsaid Combinations - Arthritis And Pain Drugs		
ibuprofen-oxycodone oral tablet 400-5 mg	Tier 1	
Analgesic Opioid Oxycodone And Salicylate Combinations - Arthritis And Pain Drugs		
oxycodone-aspirin oral tablet 4.8355-325 mg	Tier 1	
Analgesic Opioid Oxycodone Combinations - Arthritis And Pain Drugs		
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
ibuprofen-oxycodone oral tablet 400-5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
oxycodone-aspirin oral tablet 4.8355-325 mg	Tier 1	
Analgesic Opioid Partial-Mixed Agonists - Arthritis And Pain Drugs		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine)	Tier 2	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	QL (1 EA per 7 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol tartrate nasal spray,non-aerosol 10 mg/ml	Tier 1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	Tier 1	
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
Analgesic Opioid Tramadol Combinations - Arthritis And Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations - Arthritis And Pain Drugs		
ALLZITAL ORAL TABLET 25-325 MG (butalbital)	Tier 3	ST: Prior prescription for Butalbital/acetaminophen in the past 120 days
butalbital-acetaminophen oral capsule 50-300 mg	Tier 1	ST: Prior prescription for Butalbital/acetaminophen in the past 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-300 mg	Tier 1	ST: Prior prescription for Butalbital/acetaminophen in the past 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	Tier 2	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Tier 1	
butalbital-acetaminophen-caff (Fioricet Oral Capsule 50-300-40 Mg)	Tier 2	
butalbital-acetaminophen-caff (Phrenilin Forte(With Caffeine) Oral Capsule 50-300-40 Mg)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butalbital-acetaminophen (Tencon Oral Tablet 50-325 Mg)	Tier 1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG (butalbital)	Tier 1	
Anti-Inflammatory - Interleukin-1 Beta Blockers - Arthritis And Pain Drugs		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (canakinumab)	Tier 2	PA; SP
Anti-Inflammatory - Interleukin-1 Receptor Antagonist - Arthritis And Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (rilonacept)	Tier 3	SP
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel - Arthritis And Pain Drugs		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 3	PA; SP
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis And Pain Drugs		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (etanercept)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	Tier 2	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 3	PA; SP
Dmard - Antimetabolites - Arthritis And Pain Drugs		
methotrexate sodium oral tablet 2.5 mg	Tier 1	Och
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (methotrexate)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (methotrexate)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (methotrexate)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (methotrexate)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (methotrexate)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1.4 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (methotrexate)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (methotrexate)	Tier 2	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (methotrexate)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (methotrexate)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (methotrexate)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate)	Tier 3	Och
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	Tier 3	SP; Och; ST: Prior prescription for generic Methotrexate in the past 120 days; QL (120 ML per 60 days); Age (Max 11 Years)
Dmard - Antinflammatory, Select. Costimulation Modulator,T-Cell Inhib. - Arthritis And Pain Drugs		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (abatacept)	Tier 3	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (abatacept)	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (abatacept)	Tier 3	PA; SP
Dmard - Gold Compounds - Arthritis And Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (auranofin)	Tier 2	SP
Dmard - Immunosuppressives - Arthritis And Pain Drugs		
azathioprine sodium injection recon soln 100 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine oral capsule 100 mg	Tier 1	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	
Dmard - Interleukin-1 Receptor Antagonist (Il-1Ra) - Arthritis And Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (anakinra)	Tier 3	PA; SP
Dmard - Interleukin-6 (Il-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis And Pain Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (tocilizumab)	Tier 2	PA; SP
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (tocilizumab)	Tier 2	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (tocilizumab)	Tier 2	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 3	PA; SP
Dmard - Janus Kinase (Jak) Inhibitors - Arthritis And Pain Drugs		
OLUMIANT ORAL TABLET 2 MG (baricitinib)	Tier 3	PA; SP
RINVOQ ER ORAL TABLET EXTENDED RELEASE 24 HR 15 MG (upadacitinib)	Tier 2	PA; SP
XELJANZ ORAL TABLET 5 MG (tofacitinib)	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (tofacitinib)	Tier 2	PA; SP
Dmard - Other - Arthritis And Pain Drugs		
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 1	PA
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors - Arthritis And Pain Drugs		
OTEZLA ORAL TABLET 30 MG (apremilast)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (apremilast)	Tier 2	PA; SP
Dmard - Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs		
leflunomide oral tablet 10 mg, 20 mg	Tier 1	
Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab - Arthritis And Pain Drugs		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (belimumab)	Tier 2	SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (belimumab)	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (belimumab)	Tier 3	PA; SP
Nsaid Analgesic And Prostaglandin Analog Combinations - Arthritis And Pain Drugs		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	Tier 1	
Nsaid Analgesic And Topical Irritant Counter-Irritant Combinations - Arthritis And Pain Drugs		
COMFORT PAC-IBUPROFEN KIT 800 MG (ibuprofen)	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG (meloxicam)	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG (naproxen)	Tier 3	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 % (diclofenac)	Tier 3	
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors - Arthritis And Pain Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives - Arthritis And Pain Drugs		
meclofenamate oral capsule 100 mg, 50 mg	Tier 1	
mefenamic acid oral capsule 250 mg	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Other - Arthritis And Pain Drugs		
ketorolac injection cartridge 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketorolac injection solution 30 mg/ml	Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac intramuscular cartridge 60 mg/2 ml	Tier 1	
ketorolac intramuscular solution 60 mg/2 ml	Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml	Tier 1	
ketorolac oral tablet 10 mg	Tier 1	QL (20 EA per 5 days)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	
READYSHARP KETOROLAC INJECTION KIT 15 MG/ML (ketorolac)	Tier 3	
sulindac oral tablet 150 mg, 200 mg	Tier 1	
tolmetin oral capsule 400 mg	Tier 1	
tolmetin oral tablet 200 mg, 600 mg	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (ketorolac)	Tier 3	
TORONOVA SUIK KIT 30 MG/ML (ketorolac)	Tier 3	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives - Arthritis And Pain Drugs		
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives - Arthritis And Pain Drugs		
diclofenac potassium oral tablet 50 mg	Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	Tier 1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives - Arthritis And Pain Drugs		
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML) (ibuprofen)	Tier 2	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fenoprofen oral capsule 400 mg	Tier 1	ST: At least 2 prior prescriptions for Celebrex, Celecoxib, Diclofenac Potassium, Diclofenac Sodium, Ibuprofen, Indocin, Indomethacin, Ketorolac Tromethamine, Meloxicam, Naprelan, Naproxen Sodium, or Sulindac in the past 120 days
flurbiprofen oral tablet 100 mg, 50 mg	Tier 1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	Tier 1	
naproxen oral suspension 125 mg/5 ml	Tier 1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	Tier 1	
naproxen sodium oral tablet 275 mg, 550 mg	Tier 1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg	Tier 1	
oxaprozin oral tablet 600 mg	Tier 1	
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives - Arthritis And Pain Drugs		
etodolac oral capsule 200 mg, 300 mg	Tier 1	
etodolac oral tablet 400 mg, 500 mg	Tier 1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	Tier 1	
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	Tier 3	
indomethacin oral capsule 25 mg, 50 mg	Tier 1	
indomethacin oral capsule, extended release 75 mg	Tier 1	
Salicylate Analgesic And Sedative Combinations - Arthritis And Pain Drugs		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Salicylate Analgesic Combinations - Arthritis And Pain Drugs		
choline,magnesium salicylate oral liquid 500 mg/5 ml	Tier 1	
Salicylate Analgesics - Arthritis And Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 0	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
aspirin oral tablet 325 mg	Tier 0	
aspirin oral tablet,chewable 81 mg	Tier 0	
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	Tier 0	
ASPIR-LOW ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 0	
diflunisal oral tablet 500 mg	Tier 1	
E.C. PRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
LITE COAT ASPIRIN ORAL TABLET 325 MG (aspirin)	Tier 0	
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
salsalate oral tablet 500 mg, 750 mg	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 0	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anesthetics - Drugs For Pain And Fever		
Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs For Sedation		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (midazolam)	Tier 1	
General Anesthetic Adjuncts - Neuroleptic, Butyrophenone Derivative - Drugs For Sedation		
droperidol injection solution 2.5 mg/ml	Tier 1	
General Anesthetic Adjuncts - Opioid - Drugs For Sedation		
fentanyl citrate (pf) injection syringe 25 mcg/0.5 ml	Tier 1	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous solution 50 mcg/ml	Tier 1	
Local Anesthetic - Amides - Drugs For Sedation		
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (1 ML), 0.9 % (3 ML), 0.9 % (5 ML) (lidocaine)	Tier 3	
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (10 ML) (lidocaine)	Tier 1	
bupivacaine in nacl(pf) injection prefilled pump reservoir 0.125 % (1,250 mcg/ml)	Tier 1	
bupivacaine in nacl(pf) injection syringe 150 mg/30 ml (5 mg/ml) 0.5 %, 50 mg/20 ml (2.5mg/ml)0.25%, 75 mg/30 ml (2.5mg/ml)0.25%	Tier 1	
mepivacaine (Carbocaine Injection Cartridge 30 Mg/Ml (3 %))	Tier 1	
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %)	Tier 1	
lidocaine (pf) injection syringe 10 mg/ml (1 %), 200 mg/10 ml (2 %), 400 mg/20 ml (2 %), 50 mg/5 ml (1 %)	Tier 1	
lidocaine hcl injection syringe 10 mg/ml (1 %), 100 mg/10 ml (1 %), 100 mg/5 ml (2 %), 30 mg/3 ml (1%), 50 mg/5 ml (1 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine hcl laryngotracheal solution 4 %	Tier 1	
lidocaine hcl(pf) in 0.9% nacl injection syringe 10 mg/ml (1 %) (1 ml), 100 mg/10 ml (1 %)	Tier 1	
lidocaine in nacl,iso-osmo(pf) injection syringe 100 mg/10 ml (1 %)	Tier 1	
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
mepivacaine injection cartridge 30 mg/ml (3 %)	Tier 1	
POLOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %) (mepivacaine)	Tier 1	
POLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %) (mepivacaine)	Tier 1	
ropivacaine (pf) in 0.9 % nacl injection syringe 120 mg/60 ml (2 mg/ml) 0.2 %, 150 mg/30 ml (5 mg/ml) 0.5 %, 40 mg/20 ml (2 mg/ml) 0.2 %	Tier 1	
ropivacaine (pf) in 0.9 % nacl local infiltration elastomer pump,hi var rate,pca 0.2 % 545 ml	Tier 1	
ropivacaine (pf) in 0.9 % nacl local infiltration elastomeric pump,hi var rate 0.2 % 545 ml, 0.2 % 745 ml	Tier 1	
ropivacaine (pf) in 0.9 % nacl local infiltration elastomeric pump,lo var rate 0.2 % 545 ml, 0.2 % 745 ml	Tier 1	
ropivacaine (pf) injection solution 5 mg/ml (0.5 %)	Tier 1	
ropivacaine (pf) injection syringe 100 mg/20 ml (5 mg/ml) 0.5 %	Tier 1	
mepivacaine (Scandonest Plain Injection Cartridge 30 Mg/Ml (3 %))	Tier 1	
Local Anesthetic - Esters - Drugs For Sedation		
tetracaine hcl (pf) injection solution 1 % (10 mg/ml)	Tier 1	
Local Anesthetic - Sympathomimetic Combinations - Drugs For Sedation		
lidocaine-epinephrine bit injection cartridge 2 %-1:100,000, 2 %-1:50,000	Tier 1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75 %-1:200,000 (bupivacaine)	Tier 1	
lidocaine-epinephrine bit (Xylocaine Dental-Epinephrine Injection Cartridge 2 %-1:100,000)	Tier 1	
Local Anesthetic-Alpha 2 Agonist-Nsaid Combinations - Drugs For Sedation		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ropivacaine-clonidin-ketorolac periarticular syringe 123-0.04-15 mg/50 ml	Tier 1	
Local Anesthetic-Nsaid-Nmda Receptor Antagonist Combinations - Drugs For Sedation		
bupivacaine-ketorolac-ketamine injection syringe 150-60-60 mg/50 ml	Tier 1	
ropivacaine-ketorolac-ketamine injection syringe 100-15-30 mg/50 ml	Tier 1	
Local Anesthetic-Sympathomimetic-Alpha 2 Agonist-Nsaid Combinations - Drugs For Sedation		
ropivacaine-epi-clonid-ketorol periarticular syringe 2.46-0.005- 0.0008-0.3mg/ml	Tier 1	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 2	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
ANA-LEX KIT RECTAL KIT 2-2 % (hydrocortisone)	Tier 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)	Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	Tier 1	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 % (hydrocortisone)	Tier 3	
Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning		
Anticoagulant Reversal Agent For Direct Thrombin Inhibitors - Drugs For Overdose Or Poisoning		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML (idarucizumab)	Tier 3	
Anticoagulant Reversal Agent For Factor Xa Inhibitors - Drugs For Overdose Or Poisoning		
ANDEXXA INTRAVENOUS RECON SOLN 100 MG, 200 MG (coagulation factor Xa,inactivated-zhzo (recomb))	Tier 3	PA
Antidote - Acetaminophen Poisoning - Drugs For Overdose Or Poisoning		
acetylcysteine intravenous solution 200 mg/ml (20 %)	Tier 1	
Antidote - Anticholinesterase Agents - Drugs For Overdose Or Poisoning		
physostigmine salicylate injection solution 1 mg/ml	Tier 1	
Antidote - Cholinesterase Reactivating Agent - Drugs For Overdose Or Poisoning		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
Antidote - Cholinesterase Reactivating Agent And Muscarinic Antagonist - Drugs For Overdose Or Poisoning		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (pralidoxime)	Tier 3	
Antidote - Cyanide Poisoning - Drugs For Overdose Or Poisoning		
CYANOKIT INTRAVENOUS RECON SOLN 5 GRAM (hydroxocobalamin)	Tier 1	
NITHIODOTE INTRAVENOUS SOLUTION 300 MG/10 ML-12.5 GRAM/50 ML (sodium nitrite)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium thiosulfate in water intravenous solution 12.5 gram/50 ml (250 mg/ml)	Tier 1	
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	Tier 1	
Antidote - Methemoglobinemia - Drugs For Overdose Or Poisoning		
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML (0.5 %) (methylene blue)	Tier 1	
Antidote - Radioactive Agents - Drugs For Overdose Or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 3	
Antidote Others - Drugs For Overdose Or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (zinc acetate)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 3	
Benzodiazepine Reversal Agents - Benzodiazepine Antagonists - Drugs For Overdose Or Poisoning		
flumazenil intravenous solution 0.1 mg/ml	Tier 1	
Chelating Agents - Copper - Drugs For Overdose Or Poisoning		
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 1	PA
penicillamine oral capsule 250 mg	Tier 1	PA
trientine oral capsule 250 mg	Tier 1	SP
Chelating Agents - Iron - Drugs For Overdose Or Poisoning		
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 1	PA; SP
deferoxamine injection recon soln 2 gram, 500 mg	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	Tier 2	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG (deferiprone)	Tier 2	PA; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 2	PA; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG (deferasirox)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JADENU SPRINKLE ORAL GRANULES IN PACKET 90 MG (deferasirox)	Tier 3	PA; SP
Chelating Agents - Lead Poisoning - Drugs For Overdose Or Poisoning		
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML (dimercaprol)	Tier 2	
CHEMET ORAL CAPSULE 100 MG (succimer)	Tier 2	
Chelating Agents - Others - Drugs For Overdose Or Poisoning		
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML (dimercaprol)	Tier 2	
pentetate calcium trisodium intravenous solution 200 mg/ml	Tier 1	
pentetate zinc trisodium intravenous solution 200 mg/ml	Tier 1	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs For Overdose Or Poisoning		
ENTEREG ORAL CAPSULE 12 MG (alvimopan)	Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (naloxegol)	Tier 2	QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs For Overdose Or Poisoning		
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML (naloxone)	Tier 3	
naloxone injection solution 0.4 mg/ml	Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	
naltrexone oral tablet 50 mg	Tier 1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION (naloxone)	Tier 2	QL (4 EA per 30 days)
Reversal Agents - Heparin Antagonists - Drugs For Overdose Or Poisoning		
protamine intravenous solution 10 mg/ml	Tier 1	
Anti-Infective Agents - Drugs For Infections		
Amebicides - Drugs For Parasites		
paromomycin oral capsule 250 mg	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	Tier 1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (amikacin)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	Tier 1	
gentamicin injection solution 20 mg/2 ml, 40 mg/ml	Tier 1	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	Tier 1	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml	Tier 1	
neomycin oral tablet 500 mg	Tier 1	
streptomycin intramuscular recon soln 1 gram	Tier 1	
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	Tier 1	
tobramycin sulfate injection recon soln 1.2 gram	Tier 1	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	Tier 1	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML (plazomicin)	Tier 3	
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET 150 MG (omadacycline)	Tier 3	PA
NUZYRA (7 DAY) ORAL TABLET 150 MG (omadacycline)	Tier 3	PA
NUZYRA ORAL TABLET 150 MG (omadacycline)	Tier 3	PA
Aminopenicillin Antibiotic - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 1	
ampicillin oral capsule 250 mg, 500 mg	Tier 1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	Tier 1	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	Tier 1	
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations - Antibiotics		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	Tier 1	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	Tier 1	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	Tier 1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs For Parasites		
albendazole oral tablet 200 mg	Tier 1	
EGATEN ORAL TABLET 250 MG (triclabendazole)	Tier 2	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs For Parasites		
ivermectin oral tablet 3 mg	Tier 1	
Anthelmintic Agents Other - Drugs For Parasites		
ivermectin oral tablet 3 mg	Tier 1	
praziquantel oral tablet 600 mg	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
trimethoprim oral tablet 100 mg	Tier 1	
Antibacterial Other - Antibiotics		
MONUROL ORAL PACKET 3 GRAM (fosfomycin)	Tier 2	QL (1 EA per 1 FILL)
Antifungal - Allylamines - Drugs For Fungus		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
terbinafine hcl oral tablet 250 mg	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs For Fungus		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML (amphotericin B)	Tier 2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG (amphotericin B)	Tier 2	
amphotericin b injection recon soln 50 mg	Tier 1	
nystatin oral tablet 500,000 unit	Tier 1	
Antifungal - Glucan Synthesis Inhibitors (Echinocandins) - Drugs For Fungus		
caspofungin intravenous recon soln 50 mg, 70 mg	Tier 1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG (anidulafungin)	Tier 2	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG (micafungin)	Tier 2	
Antifungal - Imidazoles - Drugs For Fungus		
ketoconazole oral tablet 200 mg	Tier 1	
Antifungal - Triazoles - Drugs For Fungus		
CRESEMBA INTRAVENOUS RECON SOLN 372 MG (isavuconazonium)	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG (isavuconazonium)	Tier 2	
fluconazole in dextrose(iso-o) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	Tier 1	
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml	Tier 1	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	Tier 1	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	
itraconazole oral solution 10 mg/ml	Tier 1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML (posaconazole)	Tier 2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG (posaconazole)	Tier 3	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Tier 1	
voriconazole intravenous recon soln 200 mg	Tier 1	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 1	
voriconazole oral tablet 200 mg, 50 mg	Tier 2	
Antifungal Other - Drugs For Fungus		
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 2	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs For Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (interferon gamma-1b,recomb.)	Tier 2	SP
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (thalidomide)	Tier 2	PA; SP; QL (2 EA per 1 day)
Antileprotic - Sulfone Agents - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
Antimalarial Combinations - Drugs For Parasites		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	Tier 1	
COARTEM ORAL TABLET 20-120 MG (artemether)	Tier 2	
Antimalarials - Drugs For Parasites		
ARAKODA ORAL TABLET 100 MG (tafenoquine)	Tier 3	
chloroquine phosphate oral tablet 250 mg	Tier 1	
chloroquine phosphate oral tablet 500 mg	Tier 1	
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	Tier 2	PA; SP
hydroxychloroquine oral tablet 200 mg	Tier 1	
KRINTAFEL ORAL TABLET 150 MG (tafenoquine)	Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg	Tier 1	
primaquine oral tablet 26.3 mg	Tier 2	
quinine sulfate oral capsule 324 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs For Parasites		
benznidazole oral tablet 100 mg, 12.5 mg	Tier 1	
Antiprotozoal Agents - Other - Drugs For Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)	Tier 2	
ALINIA ORAL TABLET 500 MG (nitazoxanide)	Tier 2	
atovaquone oral suspension 750 mg/5 ml	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	Tier 2	
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs For Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)	Tier 2	
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	Tier 1	
metronidazole oral capsule 375 mg	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (secnidazole)	Tier 3	
tinidazole oral tablet 250 mg, 500 mg	Tier 1	
Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Antibody - Drugs For Viral Infections		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (ibalizumab-uiyk)	Tier 3	
Antiretroviral - Ccr5 Co-Receptor Antagonist - Drugs For Viral Infections		
SELZENTRY ORAL SOLUTION 20 MG/ML (maraviroc)	Tier 2	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG, 75 MG (maraviroc)	Tier 2	QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG, 300 MG (maraviroc)	Tier 2	QL (4 EA per 1 day)
Antiretroviral - Hiv-1 Fusion Inhibitors - Drugs For Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (enfuvirtide)	Tier 2	ST: Prior prescription for Antiretrovirals in the past 120 days; QL (2 EA per 1 day)
Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors - Drugs For Viral Infections		
ISENTRESS HD ORAL TABLET 600 MG (raltegravir)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG (raltegravir)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (raltegravir)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (raltegravir)	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (dolutegravir)	Tier 2	QL (2 EA per 1 day)
Antiretroviral - Integrase Inhibitor And Nnrti Combinations - Drugs For Viral Infections		
JULUCA ORAL TABLET 50-25 MG (dolutegravir)	Tier 3	
Antiretroviral - Integrase Inhibitor And Nrti Combinations - Drugs For Viral Infections		
DOVATO ORAL TABLET 50-300 MG (dolutegravir)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti) - Drugs For Viral Infections		
EDURANT ORAL TABLET 25 MG (rilpivirine)	Tier 2	QL (1 EA per 1 day)
efavirenz oral capsule 200 mg, 50 mg	Tier 1	
efavirenz oral tablet 600 mg	Tier 1	
INTELENCE ORAL TABLET 100 MG, 25 MG (etravirine)	Tier 2	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG (etravirine)	Tier 2	QL (2 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml	Tier 1	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 1	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (doravirine)	Tier 3	QL (2 EA per 1 day)
RESCRIPTOR ORAL TABLET 200 MG (delavirdine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral - Nucleoside And Nucleotide Analog Rtis Combinations - Drugs For Viral Infections		
CIMDUO ORAL TABLET 300-300 MG (lamivudine)	Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG (emtricitabine)	Tier 2	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti) - Drugs For Viral Infections		
abacavir oral solution 20 mg/ml	Tier 1	QL (960 ML per 30 days)
abacavir oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)
didanosine oral capsule,delayed release(dr/ec) 125 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	Tier 1	QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	Tier 2	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	Tier 2	QL (850 ML per 30 days)
lamivudine oral solution 10 mg/ml	Tier 1	QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	Tier 1	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Tier 1	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (zidovudine)	Tier 2	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 1	QL (2 EA per 1 day)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL) (didanosine)	Tier 2	QL (600 ML per 30 days)
zidovudine oral capsule 100 mg	Tier 1	QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	Tier 1	QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs For Viral Infections		
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 1	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir)	Tier 3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (tenofovir)	Tier 3	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral Combinations - Protease Inhibitors - Drugs For Viral Infections		
KALETRA ORAL TABLET 100-25 MG (lopinavir)	Tier 2	QL (2 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG (lopinavir)	Tier 2	QL (4 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	Tier 1	QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir)	Tier 3	ST: Prior prescription for Norvir, Prezista, or Ritonavir in the past 120 days; QL (1 EA per 1 day)
Antiretroviral- Nucleoside And Nucleotide Analogs,Integrase Inhibitors - Drugs For Viral Infections		
BIKTARVY ORAL TABLET 50-200-25 MG (bictegravir)	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (elvitegravir)	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (elvitegravir)	Tier 2	QL (1 EA per 1 day)
Antiretroviral- Nucleoside And Nucleotide Analogs,Protease Inhibitors - Drugs For Viral Infections		
SYMTUZA ORAL TABLET 800-150-200-10 MG (darunavir)	Tier 3	QL (1 EA per 1 day)
Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations - Drugs For Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir)	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb - Drugs For Viral Infections		
abacavir-lamivudine oral tablet 600-300 mg	Tier 1	QL (1 EA per 1 day)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	Tier 1	QL (2 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	SP; QL (2 EA per 1 day)
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti - Drugs For Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine)	Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirine)	Tier 3	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitabine)	Tier 2	QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz)	Tier 2	QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG (efavirenz)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (aminosalicylic acid)	Tier 3	
Antitubercular - Cyclic Peptide Antibiotics - Antibiotics		
CAPASTAT INJECTION RECON SOLN 1 GRAM (capreomycin)	Tier 2	
Antitubercular - D-Alanine Analogs - Antibiotics		
cycloserine oral capsule 250 mg	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG (bedaquiline)	Tier 2	PA; SP
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
isoniazid injection solution 100 mg/ml	Tier 1	
isoniazid oral solution 50 mg/5 ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
pyrazinamide oral tablet 500 mg	Tier 1	
Antitubercular - Rifamycin And Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (rifapentine)	Tier 2	
rifabutin oral capsule 150 mg	Tier 1	
rifampin intravenous recon soln 600 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
Antitubercular Agents Other - Antibiotics		
ethambutol oral tablet 100 mg, 400 mg	Tier 1	
TRECATOR ORAL TABLET 250 MG (ethionamide)	Tier 3	
Antitubercular Combinations - Antibiotics		
RIFATER ORAL TABLET 50-120-300 MG (rifampin)	Tier 3	
Carbapenem Antibiotic Combinations - Antibiotics		
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	Tier 1	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM (meropenem)	Tier 3	
Carbapenem Antibiotics (Thienamycins) - Antibiotics		
ertapenem injection recon soln 1 gram	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
meropenem intravenous recon soln 1 gram, 500 mg	Tier 1	
meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml	Tier 1	
Catheter Lock - Aminoglycoside Antibiotics-Anticoagulant Comb - Antibiotics		
gentamicin-sodium citrate intra-catheter solution 320 mcg/ml-4 %	Tier 1	
Cephalosporin Antibiotic And Beta-Lactamase Inhibitor Combinations - Antibiotics		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM (ceftazidime)	Tier 2	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM (ceftolozane)	Tier 2	
Cephalosporin Antibiotics - 1St Generation - Antibiotics		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml	Tier 1	
cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml	Tier 1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	Tier 1	
cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/100 ml, 2 gram/50 ml	Tier 1	
cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml	Tier 1	
cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml	Tier 1	
cefazolin injection recon soln 1 gram, 10 gram, 20 gram, 500 mg	Tier 1	
cefazolin injection recon soln 100 gram, 300 g	Tier 1	
cefazolin intravenous recon soln 1 gram	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporin Antibiotics - 2Nd Generation - Antibiotics		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 1	
cefotetan injection recon soln 1 gram, 2 gram	Tier 1	
cefotetan intravenous recon soln 10 gram	Tier 1	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime sodium injection recon soln 750 mg	Tier 1	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	Tier 1	
Cephalosporin Antibiotics - 3Rd Generation - Antibiotics		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefditoren pivoxil oral tablet 200 mg, 400 mg	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefotaxime injection recon soln 1 gram	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ceftazidime in d5w intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 2	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	Tier 1	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 2	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	Tier 1	
ceftriaxone injection recon soln 100 gram	Tier 1	
ceftriaxone intravenous recon soln 1 gram, 2 gram	Tier 1	
ceftazidime (Tazicef Injection Recon Soln 1 Gram, 2 Gram)	Tier 1	
Cephalosporin Antibiotics - 4Th Generation - Antibiotics		
cefepime in dextrose 5 % intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 3	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	Tier 2	
cefepime injection recon soln 1 gram, 2 gram	Tier 1	
cefepime intravenous recon soln 100 gram	Tier 1	
Cephalosporin Antibiotics - 5Th Generation - Antibiotics		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG (ceftaroline fosamil)	Tier 2	
Cmv Antiviral Agent - Inorganic Pyrophosphate Analogs - Drugs For Viral Infections		
foscarnet intravenous solution 24 mg/ml	Tier 1	
Cmv Antiviral Agent - Nucleoside Analogs - Drugs For Viral Infections		
ganciclovir intravenous solution 500 mg/250 ml (2 mg/ml)	Tier 3	
ganciclovir sodium intravenous recon soln 500 mg	Tier 1	
ganciclovir sodium intravenous solution 50 mg/ml	Tier 1	
valganciclovir oral recon soln 50 mg/ml	Tier 1	
valganciclovir oral tablet 450 mg	Tier 1	
Cmv Antiviral Agent - Nucleotide Analogs - Drugs For Viral Infections		
cidofovir intravenous solution 75 mg/ml	Tier 1	
Cmv Antiviral Agent - Terminase Complex Inhibitors - Drugs For Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML (letermovir)	Tier 3	SP
PREVYMIS ORAL TABLET 240 MG, 480 MG (letermovir)	Tier 3	SP
Cyclic Lipopeptide Antibiotics - Antibiotics		
daptomycin intravenous recon soln 350 mg	Tier 1	
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA INTRAVENOUS RECON SOLN 300 MG (delafloxacin)	Tier 3	PA
BAXDELA ORAL TABLET 450 MG (delafloxacin)	Tier 3	PA
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg	Tier 1	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	Tier 1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	Tier 1	
levofloxacin intravenous solution 25 mg/ml	Tier 1	
levofloxacin oral solution 250 mg/10 ml	Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin oral tablet 400 mg	Tier 1	
moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml	Tier 1	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML (vancomycin)	Tier 3	
vancomycin hcl in water intravenous solution 100 mg/ml	Tier 1	
vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/300 ml, 1.5 gram/500 ml, 1.75 gram/250 ml, 1.75 gram/500 ml, 2 gram/500 ml, 750 mg/150 ml, 750 mg/250 ml	Tier 1	
vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml	Tier 1	
vancomycin in dextrose 5 % intravenous piggyback 750 mg/150 ml	Tier 1	
vancomycin in dextrose 5 % intravenous solution 1 gram/100 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/500 ml	Tier 1	
vancomycin in dextrose 5 % intravenous solution 1 gram/250 ml	Tier 2	
vancomycin injection recon soln 100 gram	Tier 1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg	Tier 1	
vancomycin intravenous recon soln 1.25 gram, 250 mg, 5 gram, 750 mg	Tier 1	
vancomycin intravenous recon soln 1.5 gram	Tier 3	
vancomycin oral capsule 125 mg	Tier 1	QL (40 EA per 30 days)
vancomycin oral capsule 250 mg	Tier 1	QL (80 EA per 30 days)
vancomycin oral recon soln 50 mg/ml	Tier 1	
vancomycin-water inject (peg) intravenous piggyback 2 gram/400 ml	Tier 1	
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs For Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (entecavir)	Tier 2	SP; QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	Tier 1	SP; QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) (lamivudine)	Tier 2	QL (720 ML per 30 days)
lamivudine oral tablet 100 mg	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs For Viral Infections		
adefovir oral tablet 10 mg	Tier 1	SP; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (tenofovir)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir)	Tier 3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (tenofovir)	Tier 3	QL (1 EA per 1 day)
Hepatitis C - Interferons - Drugs For Viral Infections		
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML (peginterferon alfa-2b)	Tier 3	PA; SP
Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination - Drugs For Viral Infections		
MAVYRET ORAL TABLET 100-40 MG (glecaprevir)	Tier 2	PA; SP
Hepatitis C - Ns5a, Ns3/4A Protease, Nucleo.Ns5b Polymerase Inhib Comb - Drugs For Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuvir)	Tier 3	PA; SP
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations - Drugs For Viral Infections		
ledipasvir-sofosbuvir oral tablet 90-400 mg	Tier 1	PA; SP
sofosbuvir-velpatasvir oral tablet 400-100 mg	Tier 1	PA; SP
Hepatitis C - Nucleoside Analogs - Drugs For Viral Infections		
ribavirin (Ribasphere Oral Capsule 200 Mg)	Tier 1	SP
ribavirin oral capsule 200 mg	Tier 1	SP
ribavirin oral tablet 200 mg	Tier 1	SP
Herpes Antiviral Agent - Purine Analogs - Drugs For Viral Infections		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5 ml	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	Tier 1	
acyclovir sodium intravenous solution 50 mg/ml	Tier 1	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (acyclovir)	Tier 3	QL (4 EA per 365 days)
valacyclovir oral tablet 1 gram, 500 mg	Tier 1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs For Viral Infections		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs For Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oseltamivir oral capsule 30 mg	Tier 1	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 1	QL (360 ML per 180 days)
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (peramivir)	Tier 2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (zanamivir)	Tier 2	QL (40 EA per 180 days)
Influenza Antiviral Agents - Pa Endonuclease Inhibitor - Drugs For Viral Infections		
XOFLUZA ORAL TABLET 20 MG, 40 MG (baloxavir marboxil)	Tier 3	QL (4 EA per 180 days)
Influenza-A Antiviral Agents - Drugs For Viral Infections		
rimantadine oral tablet 100 mg	Tier 1	
Lincosamide Antibiotics - Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	
clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	Tier 3	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	Tier 1	
clindamycin palmitate HCl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	
clindamycin phosphate injection solution 150 mg/ml	Tier 1	
clindamycin phosphate intravenous solution 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml	Tier 1	
lincomycin injection solution 300 mg/ml	Tier 1	
Lipoglycopeptide Antibiotics - Antibiotics		
DALVANCE INTRAVENOUS SOLUTION 500 MG (dalbavancin)	Tier 2	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG (oritavancin)	Tier 2	
VIBATIV INTRAVENOUS RECON SOLN 750 MG (telavancin)	Tier 2	
Macrolide Antibiotics - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
azithromycin intravenous recon soln 500 mg	Tier 1	
azithromycin oral packet 1 gram	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	
DIFICID ORAL TABLET 200 MG (fidaxomicin)	Tier 3	ST: Prior prescription for Metronidazole and Vancomycin HCL in the past 365 days; QL (20 EA per 30 days)
E.E.S. 400 ORAL TABLET 400 MG (erythromycin base)	Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG (erythromycin base)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin base)	Tier 1	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (erythromycin base)	Tier 2	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 1	
erythromycin oral tablet 250 mg, 500 mg	Tier 2	
erythromycin oral tablet,delayed release (dr/ec) 250 mg	Tier 1	
Misc Anti-Infective - Drugs For Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram	Tier 1	
NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine isethionate)	Tier 2	
PENTAM INJECTION RECON SOLN 300 MG (pentamidine isethionate)	Tier 3	
pentamidine injection recon soln 300 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Misc Anti-Infective Combinations - Drugs For Infections		
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG (methenamine)	Tier 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG (methenamine)	Tier 2	
UR N-C ORAL TABLET 81.6-10.8-40.8 MG (methenamine)	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (methenamine)	Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG (methenamine)	Tier 1	
URIN DS ORAL TABLET 81.6-10.8-40.8 MG (methenamine)	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG (methenamine)	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methenamine)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (methenamine)	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG (methenamine)	Tier 1	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG (methenamine)	Tier 1	
Monobactam Antibiotics - Antibiotics		
aztreonam injection recon soln 1 gram, 2 gram	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	Tier 1	
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 1	
linezolid oral tablet 600 mg	Tier 1	
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	Tier 1	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG (tedizolid)	Tier 3	
SIVEXTRO ORAL TABLET 200 MG (tedizolid)	Tier 3	
Penicillin Antibiotic - Natural - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML (penicillin G)	Tier 2	
penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml	Tier 1	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	Tier 1	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	Tier 1	
penicillin g sodium injection recon soln 5 million unit	Tier 1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
penicillin G potassium (Pfizerpen-G Injection Recon Soln 20 Million Unit, 5 Million Unit)	Tier 1	
Penicillin Antibiotic - Penicillinase-Resistant - Antibiotics		
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	Tier 1	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	Tier 1	
nafcillin intravenous recon soln 1 gram, 2 gram	Tier 1	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 1	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	Tier 1	
oxacillin intravenous recon soln 1 gram, 2 gram	Tier 1	
Penicillin Antibiotic, Extended-Spectrum And Beta-Lactamase Inhib Comb - Antibiotics		
piperacillin-tazobactam intravenous recon soln 13.5 gram	Tier 1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	Tier 1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML (piperacillin)	Tier 2	
Penicillin Natural Antibiotic Combinations - Extended Release - Antibiotics		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) (penicillin G)	Tier 2	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML (lefamulin)	Tier 3	PA
XENLETA ORAL TABLET 600 MG (lefamulin)	Tier 3	PA
Polymyxins And Derivatives - Single Agents - Antibiotics		
bacitracin (Baciim Intramuscular Recon Soln 50,000 Unit)	Tier 1	
bacitracin intramuscular recon soln 50,000 unit	Tier 1	
colistin (colistimethate na) injection recon soln 150 mg	Tier 1	
polymyxin b sulfate injection recon soln 500,000 unit	Tier 1	
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs For Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (tipranavir)	Tier 2	QL (4 EA per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML (tipranavir)	Tier 2	QL (380 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir)	Tier 3	ST: Prior prescription for Norvir, Prezista, or Ritonavir in the past 120 days; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir)	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (darunavir)	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG (darunavir)	Tier 2	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (darunavir)	Tier 2	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (darunavir)	Tier 2	QL (1 EA per 1 day)
Protease Inhibitors (Peptidic) Antiretroviral - Drugs For Viral Infections		
atazanavir oral capsule 150 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	Tier 1	QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG (indinavir)	Tier 2	
fosamprenavir oral tablet 700 mg	Tier 1	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG (saquinavir)	Tier 2	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML (fosamprenavir)	Tier 3	QL (1800 ML per 30 days)
NORVIR ORAL CAPSULE 100 MG (ritonavir)	Tier 3	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG (ritonavir)	Tier 3	QL (12 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORVIR ORAL SOLUTION 80 MG/ML (ritonavir)	Tier 3	QL (480 ML per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG (atazanavir)	Tier 3	QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir)	Tier 2	
Respiratory Syncytial Virus (Rsv) Antiviral Agents - Drugs For Viral Infections		
ribavirin inhalation recon soln 6 gram	Tier 1	
Rifamycins And Related Derivative Antibiotics - Antibiotics		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG (rifamycin)	Tier 3	PA
Streptogramin Antibiotics - Antibiotics		
SYNERCID INTRAVENOUS RECON SOLN 500 MG (quinupristin)	Tier 2	
Sulfonamide Antibiotic - Antibiotics		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracycline Antibiotics - Antibiotics		
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
doxycycline hyclate (Doxy-100 Intravenous Recon Soln 100 Mg)	Tier 1	
doxycycline hyclate intravenous recon soln 100 mg	Tier 1	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 150 mg	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 150mg tablets in the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg	Tier 1	ST: Prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline hyclate oral tablet 75 mg	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg	Tier 2	ST: Prior prescription for Doxycycline Hyclate or Monohydrate 100mg capsules or tablets in the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 150 mg	Tier 2	ST: Prior prescription for generic Doxycycline Monohydrate 150mg tablets in the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg	Tier 2	ST: Prior prescription for Doxycycline Hyclate or Monohydrate 100mg capsules or tablets in the past 120 days
doxycycline hyclate oral tablet,delayed release (dr/ec) 50 mg	Tier 2	ST: Prior prescription for Doxycycline Monohydrate 50mg capsule in the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 75 mg	Tier 2	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 75 mg	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
MINOCIN INTRAVENOUS RECON SOLN 100 MG (minocycline)	Tier 2	
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 2	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 75 Mg)	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET 150 MG (omadacycline)	Tier 3	PA
NUZYRA (7 DAY) ORAL TABLET 150 MG (omadacycline)	Tier 3	PA
NUZYRA INTRAVENOUS RECON SOLN 100 MG (omadacycline)	Tier 3	
NUZYRA ORAL TABLET 150 MG (omadacycline)	Tier 3	PA
doxycycline monohydrate (Okebo Oral Capsule 75 Mg)	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
XERAVA INTRAVENOUS RECON SOLN 50 MG (eravacycline)	Tier 3	
Antineoplastics - Drugs For Cancer		
Anp - Human Vascular Endothelial Growth Factor Inhib Rec-Mc Antibody - Drugs For Cancer		
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (bevacizumab)	Tier 2	PA; SP
MVASI INTRAVENOUS SOLUTION 25 MG/ML (bevacizumab-awwb)	Tier 3	PA; SP
Antineoplasic-Epiderm.Growth Factor-Egfr (Erbb1),Her-2 (Erbb2)R.Inhib - Drugs For Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYKERB ORAL TABLET 250 MG (lapatinib)	Tier 2	PA; SP; Och
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor - Drugs For Cancer		
YONSA ORAL TABLET 125 MG (abiraterone)	Tier 3	PA; SP; Och
ZYTIGA ORAL TABLET 500 MG (abiraterone)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 1	PA; SP; Och
IRESSA ORAL TABLET 250 MG (gefitinib)	Tier 2	PA; SP; Och
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib)	Tier 2	PA; SP; Och
NERLYNX ORAL TABLET 40 MG (neratinib)	Tier 3	PA; SP; Och; QL (6 EA per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)	Tier 3	PA; SP; Och
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
TAGRISSO ORAL TABLET 40 MG, 80 MG (osimertinib)	Tier 2	PA; SP; Och
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs For Cancer		
busulfan intravenous solution 60 mg/10 ml	Tier 1	SP
MYLERAN ORAL TABLET 2 MG (busulfan)	Tier 2	SP; Och
Antineoplastic - Alkylating Agent - Ethylenimines And Methylmelamines - Drugs For Cancer		
TEPADINA INJECTION RECON SOLN 100 MG (thiotepa)	Tier 3	SP
thiotepa injection recon soln 15 mg	Tier 1	SP
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs For Cancer		
MATULANE ORAL CAPSULE 50 MG (procarbazine)	Tier 2	SP; Och
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs For Cancer		
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 1	SP
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	SP; Och

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ifosfamide intravenous recon soln 1 gram, 3 gram	Tier 1	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	Tier 1	
LEUKERAN ORAL TABLET 2 MG (chlorambucil)	Tier 2	Och
melphalan hcl intravenous recon soln 50 mg	Tier 1	SP
melphalan oral tablet 2 mg	Tier 1	Och
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs For Cancer		
carmustine intravenous recon soln 100 mg	Tier 1	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG (lomustine)	Tier 2	SP; Och
GLIADEL WAFER IMPLANT WAFER 7.7 MG (carmustine)	Tier 3	
Antineoplastic - Alkylating Agent - Other - Drugs For Cancer		
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	Tier 2	SP
bendamustine intravenous solution 25 mg/ml	Tier 2	SP
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	Tier 2	SP
TREANDA INTRAVENOUS RECON SOLN 100 MG (bendamustine)	Tier 2	SP
TREANDA INTRAVENOUS RECON SOLN 25 MG (bendamustine)	Tier 2	
Antineoplastic - Alkylating Agent - Tetrahydroisoquinolines - Drugs For Cancer		
YONDELIS INTRAVENOUS RECON SOLN 1 MG (trabectedin)	Tier 2	PA; SP
Antineoplastic - Alkylating Agent - Triazenes - Drugs For Cancer		
dacarbazine intravenous recon soln 100 mg, 200 mg	Tier 1	
TEMODAR INTRAVENOUS RECON SOLN 100 MG (temozolomide)	Tier 2	PA; SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 1	PA; SP; Och
Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors - Drugs For Cancer		
ALECENSA ORAL CAPSULE 150 MG (alectinib)	Tier 2	PA; SP; Och; QL (240 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG (brigatinib)	Tier 3	PA; SP; Och; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG (brigatinib)	Tier 3	PA; SP; Och
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (brigatinib)	Tier 3	PA; SP; Och; QL (1 EA per 1 day)
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	Tier 3	PA; SP; Och
XALKORI ORAL CAPSULE 200 MG, 250 MG (crizotinib)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
ZYKADIA ORAL CAPSULE 150 MG (ceritinib)	Tier 3	PA; Och
ZYKADIA ORAL TABLET 150 MG (ceritinib)	Tier 2	PA; SP; Och
Antineoplastic - Antiadrenals - Drugs For Cancer		
LYSODREN ORAL TABLET 500 MG (mitotane)	Tier 2	SP; Och
Antineoplastic - Antiandrogens - Drugs For Cancer		
abiraterone oral tablet 250 mg	Tier 1	PA; SP; Och; QL (4 EA per 1 day)
bicalutamide oral tablet 50 mg	Tier 1	Och
ERLEADA ORAL TABLET 60 MG (apalutamide)	Tier 3	SP; Och
flutamide oral capsule 125 mg	Tier 1	Och
nilutamide oral tablet 150 mg	Tier 1	Och; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (darolutamide)	Tier 2	PA; SP; Och
XTANDI ORAL CAPSULE 40 MG (enzalutamide)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
YONSA ORAL TABLET 125 MG (abiraterone)	Tier 3	PA; SP; Och
ZYTIGA ORAL TABLET 500 MG (abiraterone)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
Antineoplastic - Antibiotic And Antimetabolite Combinations - Drugs For Cancer		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (daunorubicin)	Tier 3	PA; SP
Antineoplastic - Antibody-Drug Conjugates (Adcs) - Drugs For Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (brentuximab vedotin)	Tier 2	PA; SP
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (inotuzumab ozogamicin)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (ado-trastuzumab emtansine)	Tier 2	PA; SP
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (gemtuzumab ozogamicin)	Tier 3	PA; SP
POLIVY INTRAVENOUS RECON SOLN 140 MG (polatuzumab vedotin-piiq)	Tier 3	PA; SP
Antineoplastic - Anti-Gd2 Ganglioside Monoclonal Antibody - Drugs For Cancer		
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML (dinutuximab)	Tier 2	PA
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs For Cancer		
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG (pemetrexed)	Tier 2	PA; SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (pralatrexate)	Tier 2	SP
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate)	Tier 3	Och
Antineoplastic - Antimetabolite - Purine Analogs - Drugs For Cancer		
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML (nelarabine)	Tier 2	SP
cladribine intravenous solution 10 mg/10 ml	Tier 1	SP
clofarabine intravenous solution 20 mg/20 ml	Tier 1	SP
fludarabine intravenous recon soln 50 mg	Tier 1	
fludarabine intravenous solution 50 mg/2 ml	Tier 1	SP
mercaptopurine oral tablet 50 mg	Tier 1	Och
NIPENT INTRAVENOUS RECON SOLN 10 MG (pentostatin)	Tier 3	SP
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Tier 2	SP; Och; ST: Prior prescription for Mercaptopurine in the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 2	Och
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs For Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluorouracil (Adrucil Intravenous Solution 2.5 Gram/50 Ml, 5 Gram/100 Ml, 500 Mg/10 Ml)	Tier 1	
azacitidine injection recon soln 100 mg	Tier 1	SP
capecitabine oral tablet 150 mg	Tier 1	PA; SP; Och; QL (28 EA per 21 days)
capecitabine oral tablet 500 mg	Tier 1	PA; SP; Och; QL (112 EA per 21 days)
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	Tier 1	
cytarabine injection solution 20 mg/ml	Tier 1	
decitabine intravenous recon soln 50 mg	Tier 1	SP
floxuridine injection recon soln 0.5 gram	Tier 1	
fluorouracil intravenous solution 1 gram/20 ml	Tier 1	
fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	Tier 1	
gemcitabine intravenous recon soln 1 gram, 200 mg	Tier 1	SP
gemcitabine intravenous recon soln 2 gram	Tier 1	
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	Tier 1	SP
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) (gemcitabine)	Tier 3	PA; SP
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs For Cancer		
hydroxyurea oral capsule 500 mg	Tier 1	Och
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs For Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine)	Tier 2	PA; SP; Och
Antineoplastic - Anti-Slamf7 Monoclonal Antibody Agents - Drugs For Cancer		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (elotuzumab)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Aromatase Inhibitors - Drugs For Cancer		
anastrozole oral tablet 1 mg	Tier 1	Och
exemestane oral tablet 25 mg	Tier 1	Och
letrozole oral tablet 2.5 mg	Tier 1	Och
Antineoplastic - Arsenic Compounds - Drugs For Cancer		
arsenic trioxide intravenous solution 1 mg/ml	Tier 1	SP
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (arsenic)	Tier 2	
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs For Cancer		
ERWINAZE INJECTION RECON SOLN 10,000 UNIT (asparaginase (Erwinia chrysanthemi))	Tier 3	PA; SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (pegaspargase)	Tier 2	PA; SP
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors - Drugs For Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (venetoclax)	Tier 2	PA; SP; Och
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (venetoclax)	Tier 2	PA; SP; Och
Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer		
BRAFTOVI ORAL CAPSULE 50 MG (encorafenib)	Tier 3	PA; SP; Och; QL (4 EA per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)	Tier 3	PA; SP; Och; QL (6 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib)	Tier 2	PA; SP; Och
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	Tier 2	PA; SP; Och; QL (8 EA per 1 day)
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor - Drugs For Cancer		
CALQUENCE ORAL CAPSULE 100 MG (acalabrutinib)	Tier 3	PA; SP; Och
IMBRUVICA ORAL CAPSULE 70 MG (ibrutinib)	Tier 2	PA; SP; Och
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (ibrutinib)	Tier 2	PA; SP; Och
Antineoplastic - Cc Chemokine Receptor 4 (Ccr4) Antagonist, Rec-Mab - Drugs For Cancer		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (mogamulizumab-kpkc)	Tier 3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Cd-19 Directed Car-T Cell Immunotherapy - Drugs For Cancer		
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL (tisagenlecleucel)	Tier 2	PA; SP
YESCARTA INTRAVENOUS SUSPENSION (axicabtagene ciloleucel)	Tier 3	PA; SP
Antineoplastic - Cd20 Specific Recombinant Monoclonal Antibody Agents - Drugs For Cancer		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML (ofatumumab)	Tier 2	PA; SP
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (obinutuzumab)	Tier 2	PA; SP
Antineoplastic - Cd22 Directed Antibody And Cytotoxin Conjugate - Drugs For Cancer		
LUMOXITI INTRAVENOUS RECON SOLN 1 MG (moxetumomab pasudotox-tdfk)	Tier 3	PA; SP
Antineoplastic - Cd38 Specific Recombinant Monoclonal Antibody Agents - Drugs For Cancer		
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (daratumumab)	Tier 2	PA; SP
Antineoplastic - Cd52 Specific Recombinant Monoclonal Antibody Agents - Drugs For Cancer		
CAMPATH INTRAVENOUS SOLUTION 30 MG/ML (alemtuzumab)	Tier 3	
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors - Drugs For Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA; SP; Och
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
Antineoplastic - Cytotoxic T-Lymphocyte Antigen (Ctla-4),R-Mc Antibody - Drugs For Cancer		
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (ipilimumab)	Tier 2	PA; SP
Antineoplastic - Epipodophyllotoxins - Drugs For Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG (etoposide)	Tier 2	SP
etoposide intravenous solution 20 mg/ml	Tier 1	SP
etoposide oral capsule 50 mg	Tier 1	Och
teniposide intravenous solution 50 mg/5 ml	Tier 1	
etoposide (Toposar Intravenous Solution 20 Mg/Ml)	Tier 1	SP
Antineoplastic - Epothilones And Analogs - Drugs For Cancer		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (ixabepilone)	Tier 2	PA; SP
Antineoplastic - Estrogen Receptor Antagonist - Drugs For Cancer		
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML (fulvestrant)	Tier 3	PA; SP
fulvestrant intramuscular syringe 250 mg/5 ml	Tier 1	PA; SP
Antineoplastic - Estrogens - Drugs For Cancer		
EMCYT ORAL CAPSULE 140 MG (estramustine)	Tier 2	Och
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib - Drugs For Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (erdafitinib)	Tier 3	PA; SP; Och
Antineoplastic - Fms-Like Tyrosine Kinase 3 (Flt3) Inhibitors - Drugs For Cancer		
XOSPATA ORAL TABLET 40 MG (gilteritinib)	Tier 3	PA; SP; Och
Antineoplastic - Halichondrin B Analogs, Microtubule Inhibitors - Drugs For Cancer		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (eribulin)	Tier 2	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs For Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib)	Tier 3	PA; SP; Och
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (sonidegib)	Tier 3	PA; Och
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors - Drugs For Cancer		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG (belinostat)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (panobinostat)	Tier 3	PA; Och
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (romidepsin)	Tier 2	PA; SP
romidepsin intravenous recon soln 10 mg/2 ml	Tier 1	PA; SP
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	Tier 2	SP; Och
Antineoplastic - Immunotherapy, Therapeutic Vaccines - Drugs For Cancer		
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML (sipuleucel-T)	Tier 2	
Antineoplastic - Immunotherapy, Virus-Based - Drugs For Cancer		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML (talimogene laherparepvec)	Tier 3	PA
Antineoplastic - Immunotoxins - Drugs For Cancer		
LUMOXITI INTRAVENOUS RECON SOLN 1 MG (moxetumomab pasudotox-tdfk)	Tier 3	PA; SP
Antineoplastic - Interferons - Drugs For Cancer		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) (interferon alfa-2b,recomb.)	Tier 2	PA; SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML (interferon alfa-2b,recomb.)	Tier 2	PA; SP
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG (peginterferon alfa-2b)	Tier 2	PA; SP
Antineoplastic - Interleukin-6 (Il-6) Inhibitors, Monoclonal Antibody - Drugs For Cancer		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (siltuximab)	Tier 2	PA; SP
Antineoplastic - Interleukins - Drugs For Cancer		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (aldesleukin)	Tier 2	SP
Antineoplastic - Janus Kinase (Jak) Inhibitors - Drugs For Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib - Drugs For Cancer		
INREBIC ORAL CAPSULE 100 MG (fedratinib)	Tier 3	PA; SP; Och
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Cancer		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (leuprolide)	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (leuprolide)	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (leuprolide)	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (leuprolide)	Tier 2	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 1	PA; SP
leuprolide subcutaneous solution 1 mg/0.2 ml	Tier 1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (leuprolide)	Tier 3	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (leuprolide)	Tier 3	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (leuprolide)	Tier 3	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (leuprolide)	Tier 3	PA; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (triptorelin)	Tier 3	PA; SP
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY) (histrelin)	Tier 2	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (goserelin)	Tier 2	PA; SP
Antineoplastic - Lhrh (Gnrh) Antagonist Pituitary Suppressants - Drugs For Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (degarelix)	Tier 2	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (degarelix)	Tier 2	SP; QL (1 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG (degarelix)	Tier 2	SP; QL (2 EA per 365 days)
Antineoplastic - Mast Cell Stabilizers - Drugs For Cancer		
cromolyn oral concentrate 100 mg/5 ml	Tier 1	
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors - Drugs For Cancer		
COTELLIC ORAL TABLET 20 MG (cobimetinib)	Tier 2	PA; SP; Och; QL (63 EA per 28 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG (trametinib)	Tier 2	PA; SP; Och
MEKTOVI ORAL TABLET 15 MG (binimetinib)	Tier 3	PA; SP; Och; QL (6 EA per 1 day)
Antineoplastic - Monoclonal Antibodies For Radiopharmaceutical Therapy - Drugs For Cancer		
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML (kit for the preparation of yttrium-90)	Tier 2	
Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus)	Tier 2	PA; SP; Och
AFINITOR ORAL TABLET 10 MG, 7.5 MG (everolimus)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG (everolimus)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	Tier 1	PA; SP
Antineoplastic - Multikinase Inhibitors - Drugs For Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib)	Tier 3	PA; SP; Och
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (cabozantinib)	Tier 3	PA; SP; Och; QL (112 EA per 28 days)
ICLUSIG ORAL TABLET 15 MG (ponatinib)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 45 MG (ponatinib)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
NEXAVAR ORAL TABLET 200 MG (sorafenib)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STIVARGA ORAL TABLET 40 MG (regorafenib)	Tier 2	PA; SP; Och; QL (3 EA per 1 day)
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Midh1) Inhibitors - Drugs For Cancer		
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	Tier 3	PA; SP; Och
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Midh2) Inhibitors - Drugs For Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib)	Tier 3	PA; SP; Och; QL (1 EA per 1 day)
Antineoplastic - Pan-Class I Pi3k Inhibitors - Drugs For Cancer		
ALIQOPA INTRAVENOUS RECON SOLN 60 MG (copanlisib)	Tier 3	PA
Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors - Drugs For Cancer		
ALIQOPA INTRAVENOUS RECON SOLN 60 MG (copanlisib)	Tier 3	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 3	PA; SP; Och
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 2	PA; SP; Och
Antineoplastic - Photosensitizers - Drugs For Cancer		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG (porfimer)	Tier 2	PA
UVADEX INJECTION SOLUTION 20 MCG/ML (methoxsalen)	Tier 2	
Antineoplastic - Pi3k-Alpha Inhibitors - Drugs For Cancer		
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (alpelisib)	Tier 3	PA; SP; Och
Antineoplastic - Pi3k-Delta And Gamma Inhibitors - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 3	PA; SP; Och
Antineoplastic - Pi3k-Delta Inhibitors - Drugs For Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 2	PA; SP; Och
Antineoplastic - Platinum Complexes - Drugs For Cancer		
carboplatin intravenous recon soln 150 mg	Tier 1	
carboplatin intravenous solution 10 mg/ml	Tier 1	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cisplatin intravenous recon soln 50 mg	Tier 1	SP
cisplatin intravenous solution 1 mg/ml	Tier 1	SP
oxaliplatin intravenous recon soln 100 mg, 50 mg	Tier 1	SP
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	Tier 1	SP
Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors - Drugs For Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 200 MG, 300 MG (rucaparib)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 250 MG (rucaparib)	Tier 3	SP; Och; QL (4 EA per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (talazoparib)	Tier 3	PA; SP; Och
ZEJULA ORAL CAPSULE 100 MG (niraparib)	Tier 3	PA; SP; Och
Antineoplastic - Progestins - Drugs For Cancer		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML (medroxyprogesterone)	Tier 2	
megestrol oral tablet 20 mg, 40 mg	Tier 1	Och
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs For Cancer		
bortezomib intravenous recon soln 3.5 mg	Tier 2	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 10 MG (carfilzomib)	Tier 3	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG (carfilzomib)	Tier 2	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib)	Tier 2	PA; SP; Och
VELCADE INJECTION RECON SOLN 3.5 MG (bortezomib)	Tier 2	PA; SP
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs For Cancer		
BOSULIF ORAL TABLET 100 MG (bosutinib)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (bosutinib)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
CALQUENCE ORAL CAPSULE 100 MG (acalabrutinib)	Tier 3	PA; SP; Och

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPRELSA ORAL TABLET 100 MG (vandetanib)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
imatinib oral tablet 100 mg	Tier 1	PA; SP; Och; QL (3 EA per 1 day)
imatinib oral tablet 400 mg	Tier 1	PA; SP; Och; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	Tier 2	PA; SP; Och
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (ibrutinib)	Tier 2	PA; SP; Och
INLYTA ORAL TABLET 1 MG (axitinib)	Tier 2	PA; SP; Och; QL (6 EA per 1 day)
INLYTA ORAL TABLET 5 MG (axitinib)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (lenvatinib)	Tier 2	PA; SP; Och
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib)	Tier 2	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (entrectinib)	Tier 2	PA; SP; Och
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	Tier 3	PA; SP; Och
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG (dasatinib)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
TURALIO ORAL CAPSULE 200 MG (pexidartinib)	Tier 3	PA; SP; Och
VOTRIENT ORAL TABLET 200 MG (pazopanib)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
Antineoplastic - Retinoids - Drugs For Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tretinoin (chemotherapy) oral capsule 10 mg	Tier 1	SP; Och
Antineoplastic - Selective Estrogen Receptor Modulators (Serms) - Drugs For Cancer		
tamoxifen oral tablet 10 mg, 20 mg	Tier 0	Och
toremifene oral tablet 60 mg	Tier 1	PA; SP; Och
Antineoplastic - Selective Inhibitiors Of Nuclear Export (Sine) - Drugs For Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 160 MG/WEEK (20 MG X 8), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4) (selinexor)	Tier 3	PA; SP; Och
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs For Cancer		
bexarotene oral capsule 75 mg	Tier 1	PA; SP; Och
Antineoplastic - Taxanes - Drugs For Cancer		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel)	Tier 2	PA; SP
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG (docetaxel)	Tier 2	
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml, 80 mg/8 ml (10 mg/ml)	Tier 1	SP
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)	Tier 1	
docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)	Tier 1	SP
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) (cabazitaxel)	Tier 2	SP
ONXOL INTRAVENOUS CONCENTRATE 6 MG/ML (paclitaxel)	Tier 1	SP
paclitaxel intravenous concentrate 6 mg/ml	Tier 1	SP
Antineoplastic - Thalidomide Analogs - Drugs For Cancer		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	Tier 2	PA; SP; Och
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
Antineoplastic - Topoisomerase I Inhibitors - Drugs For Cancer		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (topotecan)	Tier 2	SP; Och
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
irinotecan intravenous solution 500 mg/25 ml	Tier 1	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML (irinotecan)	Tier 2	PA
topotecan intravenous recon soln 4 mg	Tier 1	SP
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	Tier 1	SP
Antineoplastic - Tropomyosin Receptor Kinase (Trk) Inhibitor - Drugs For Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (larotrectinib)	Tier 3	PA; SP; Och
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib)	Tier 3	PA; SP; Och
Antineoplastic - Vasc Endothelial Growth Factor Receptor (Vegfr) Antag - Drugs For Cancer		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (ramucirumab)	Tier 2	PA; SP
Antineoplastic - Vinca Alkaloids And Analogs - Drugs For Cancer		
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL (vincristine)	Tier 2	PA
vinblastine intravenous solution 1 mg/ml	Tier 1	SP
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	Tier 1	SP
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	Tier 1	
Antineoplastic Antibiotic - Actinomycins - Drugs For Cancer		
dactinomycin intravenous recon soln 0.5 mg	Tier 1	SP
Antineoplastic Antibiotic - Anthracyclines - Drugs For Cancer		
doxorubicin (Adriamycin Intravenous Recon Soln 10 Mg)	Tier 1	
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG (doxorubicin)	Tier 1	
doxorubicin (Adriamycin Intravenous Solution 10 Mg/5 Ml, 2 Mg/Ml, 20 Mg/10 Ml, 50 Mg/25 Ml)	Tier 1	
daunorubicin intravenous recon soln 20 mg	Tier 1	SP
daunorubicin intravenous solution 5 mg/ml	Tier 1	SP
doxorubicin intravenous recon soln 10 mg, 50 mg	Tier 1	
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	Tier 1	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	Tier 1	SP
epirubicin intravenous recon soln 200 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	Tier 1	
idarubicin intravenous solution 1 mg/ml	Tier 1	
LIPODOX 50 INTRAVENOUS SUSPENSION 2 MG/ML (doxorubicin)	Tier 1	SP
LIPODOX INTRAVENOUS SUSPENSION 2 MG/ML (doxorubicin)	Tier 1	SP
mitoxantrone intravenous concentrate 2 mg/ml	Tier 1	PA
Antineoplastic Antibiotic - Others - Drugs For Cancer		
bleomycin injection recon soln 15 unit, 30 unit	Tier 1	SP
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	Tier 1	SP
MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG (mitomycin)	Tier 1	SP
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM (streptozocin)	Tier 2	SP
Antineoplastic -Cephalotaxines - Drugs For Cancer		
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG (omacetaxine mepesuccinate)	Tier 2	PA; SP
Antineoplastic-Anti-Programmed Cell Death Ligand-1 (Pd-L1) Mc Antib. - Drugs For Cancer		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML (avelumab)	Tier 3	PA; SP
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (durvalumab)	Tier 3	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML) (atezolizumab)	Tier 2	PA
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML) (atezolizumab)	Tier 3	PA; SP
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (Pd-1) Mc Antib. - Drugs For Cancer		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (pembrolizumab)	Tier 2	PA; SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML (nivolumab)	Tier 2	PA; SP
Antineoplastic-Cd22 Specific Antibody / Cytotoxic Antibiotic Conjugate - Drugs For Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (inotuzumab ozogamicin)	Tier 3	PA; SP
Antineoplastic-Cd30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs For Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (brentuximab vedotin)	Tier 2	PA; SP
Antineoplastic-Cd33 Specific Antibody And Cytoxic Antibiotic Conjugate - Drugs For Cancer		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (gemtuzumab ozogamicin)	Tier 3	PA; SP
Antineoplastic-Cd79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs For Cancer		
POLIVY INTRAVENOUS RECON SOLN 140 MG (polatuzumab vedotin-piiq)	Tier 3	PA; SP
Antineoplastic-Her2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs For Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (ado-trastuzumab emtansine)	Tier 2	PA; SP
Antineoplastic-Vasc Endothelial Growth Fac(Vegf-A,B And Plgf)Inhibitor - Drugs For Cancer		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) (ziv-aflibercept)	Tier 2	PA; SP
Bispecific Cd19-Directed Cd3 T-Cell Engager, Monoclonal Antibody - Drugs For Cancer		
BLINCYTO INTRAVENOUS KIT 35 MCG (blinatumomab)	Tier 2	PA; SP
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG (blinatumomab)	Tier 3	PA; SP
Cardiac Protective Agents Used In Conjunction With Chemotherapy - Drugs For Cancer		
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	Tier 1	
Epidermal Growth Factor Recept (Her-2) Subdomain Ii Blocker, Rec-Mc Ab - Drugs For Cancer		
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) (pertuzumab)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Epidermal Growth Factor Recept Blocker (Her-1 Type), Rec-Mc Antibody - Drugs For Cancer		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML (cetuximab)	Tier 2	PA; SP
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) (necitumumab)	Tier 3	PA; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (panitumumab)	Tier 2	PA; SP
Epidermal Growth Factor Recept Blocker (Her-2 Type), Rec-Mc Antibody - Drugs For Cancer		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (trastuzumab-oysk)	Tier 2	PA; SP
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG (trastuzumab)	Tier 3	PA; SP
KANJINTI INTRAVENOUS RECON SOLN 420 MG (trastuzumab-anns)	Tier 3	PA; SP
Fluorouracil And Related Rescue Agents - Drugs For Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (uridine)	Tier 2	SP; Och; QL (24 EA per 14 days)
Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs For Cancer		
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (glucarpidase)	Tier 2	SP
Methotrexate Rescue Agents - Drugs For Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG (levoleucovorin)	Tier 3	SP
leucovorin calcium oral tablet 15 mg	Tier 1	Och
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (glucarpidase)	Tier 2	SP
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs For Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG (levoleucovorin)	Tier 3	SP
leucovorin calcium injection recon soln 100 mg, 50 mg	Tier 1	
leucovorin calcium injection recon soln 200 mg, 350 mg, 500 mg	Tier 1	
leucovorin calcium injection solution 10 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	Och
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	Och
levoleucovorin calcium intravenous recon soln 50 mg	Tier 1	SP
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 1	SP
Tissue Protective Agents For Tx Of Cancer Chemotherapy Extravasation - Drugs For Cancer		
TOTECT INTRAVENOUS RECON SOLN 500 MG (dexrazoxane)	Tier 3	
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy - Drugs For Cancer		
amifostine crystalline intravenous recon soln 500 mg	Tier 1	
mesna intravenous solution 100 mg/ml	Tier 1	
MESNEX ORAL TABLET 400 MG (mesna)	Tier 2	Och
Antiseptics And Disinfectants - Antiseptics And Disinfectants		
Antiseptic - Chlorine Releasing - Antiseptics And Disinfectants		
HYCLODEX TOPICAL SPRAY,NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid)	Tier 3	
MICROCYN TOPICAL SPRAY,NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid)	Tier 3	
Antiseptic - Iodine/Iodophores - Antiseptics And Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (cadexomer iodine)	Tier 3	
IODOSORB TOPICAL GEL 0.9 % (cadexomer iodine)	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine)	Tier 1	
Antiseptic - Oxidizing Agents - Antiseptics And Disinfectants		
hydrogen peroxide solution 3 %	Tier 1	
Biologicals - Biological Agents		
Allergenic Extracts - Hymenoptera Venom Derived - Biological Agents		
aller ex-venom-wht hornet prot injection recon soln 550 mcg	Tier 1	
Antiviral Monoclonal Antibodies - Biological Agents		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (palivizumab)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv) - Drugs For Viral Infections		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (palivizumab)	Tier 2	PA; SP
Gene Therapy Agents - Smn Protein Deficiency - Biological Agents		
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML (onasemnogene abeparvovec-xioi)	Tier 3	PA
Hepatitis A And Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (hepatitis A virus vaccine)	Tier 0	QL (4 ML per 365 days)
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML (hepatitis A virus vaccine)	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (hepatitis A virus vaccine)	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML (hepatitis A virus vaccine)	Tier 0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML (hepatitis A virus vaccine)	Tier 0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (hepatitis A virus vaccine)	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML (hepatitis A virus vaccine)	Tier 0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (hepatitis A virus vaccine)	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (hepatitis B virus vaccine)	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (hepatitis B virus vaccine)	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (hepatitis B virus vaccine)	Tier 0	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML (hepatitis B virus vaccine)	Tier 0	QL (1 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (hepatitis B virus vaccine)	Tier 0	QL (1 ML per 365 days); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (hepatitis B virus vaccine)	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (hepatitis B virus vaccine)	Tier 0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (hepatitis B virus vaccine)	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (hepatitis B virus vaccine)	Tier 0	
Immune Globulin - Botulinum Neurotoxin A/B, Human - Biological Agents		
BABYBIG INTRAVENOUS RECON SOLN 100 MG (botulism immune globulin, human)	Tier 3	
Immune Globulin - Cytomegalovirus (Cmv) - Biological Agents		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (cytomegalovirus immune globulin (human))	Tier 2	SP
Immune Globulin - Gamma Globulin (Igg), Human - Biological Agents		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (immune globulin,gamma (IgG)-hipp human)	Tier 3	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (immune globulin,gamma (IgG) human)	Tier 3	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 % (immune globulin,gamma (IgG) human)	Tier 3	PA; SP
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (immune globulin,gamma (IgG) human)	Tier 2	SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE (immune globulin,gamma (IgG) human)	Tier 2	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (immune globulin,gamma (IgG) human)	Tier 2	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (immune globulin,gamma (IgG) human)	Tier 2	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma (IgG) human)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (immune globulin,gamma (IgG) human)	Tier 3	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (immune globulin,gamma (IgG) human)	Tier 3	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma (IgG) human)	Tier 2	PA; SP
GAMUNEX-C INJECTION SOLUTION 40 GRAM/400 ML (10 %) (immune globulin,gamma (IgG) human)	Tier 2	SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG) human)	Tier 2	PA; SP
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma (IgG) human)	Tier 3	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (immune globulin,gamma (IgG) human)	Tier 3	PA; SP
PANZYGA INTRAVENOUS SOLUTION 10 % (immune globulin,gamma (IgG)-ifas human)	Tier 3	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 % (immune globulin,gamma (IgG) human)	Tier 2	PA; SP
Immune Globulin - Hepatitis B - Biological Agents		
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML) (hepatitis B immune globulin)	Tier 2	SP
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (hepatitis B immune globulin)	Tier 2	SP
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML (hepatitis B immune globulin)	Tier 2	SP
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (hepatitis B immune globulin)	Tier 2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immune Globulin - Rabies - Biological Agents		
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML (rabies immune globulin)	Tier 3	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (rabies immune globulin)	Tier 2	
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (rabies immune globulin)	Tier 2	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (rabies immune globulin)	Tier 2	
Immune Globulin - Rho(D) - Biological Agents		
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG) (Rho(D) immune globulin)	Tier 2	SP
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML (Rho(D) immune globulin)	Tier 3	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML (Rho(D) immune globulin)	Tier 3	SP
Immune Globulin - Tetanus - Biological Agents		
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE 250 UNIT (tetanus immune globulin)	Tier 2	
Immune Globulin - Varicella-Zoster - Biological Agents		
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (varicella-zoster immune globulin (human))	Tier 2	
Immune Serums - Biological Agents		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (lymphocyte immune globulin,antithymocyte (equine))	Tier 2	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG (anti-thymocyte globulin, rabbit)	Tier 2	
Immune Serums - Botulinum Antitoxins - Biological Agents		
botulism antitoxin heptavalent intravenous solution 4,500-3,300 unit	Tier 1	
Live Vaccine And Live Virus Formulations - Vaccines		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)	Tier 3	
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML (talimogene laherparepvec)	Tier 3	PA
ROTATEQ VACCINE ORAL SOLUTION 2 ML (rotavirus vacc, live oral pentavalent)	Tier 2	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (yellow fever vaccine live)	Tier 3	
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine)	Tier 2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine)	Tier 2	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (typhoid vaccine)	Tier 2	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (yellow fever vaccine live)	Tier 2	
Toxoid Vaccine Combinations - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (diphtheria,pertussis (acellular),tetanus vaccine)	Tier 0	QL (0.5 ML per 365 days)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (diphtheria,pertussis (acellular),tetanus vaccine)	Tier 0	QL (0.5 ML per 365 days)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (diphtheria,pertussis (acellular),tetanus vaccine)	Tier 0	QL (0.5 ML per 365 days)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (diphtheria,pertussis (acellular),tetanus vaccine)	Tier 0	QL (0.5 ML per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (diphtheria,pertussis (acellular),tetanus vaccine)	Tier 2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML (diphtheria,pertussis (acellular),tetanus vaccine)	Tier 2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (diphtheria,pertussis (acellular),tetanus vaccine)	Tier 2	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (hepatitis B virus vaccine)	Tier 2	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (diphth,pert(acell),tetan,polio vacc,component 1of2)	Tier 2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (diphtheria,pertussis (acell),tetanus,polio vaccine)	Tier 2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus and diphtheria toxoids)	Tier 0	QL (0.5 ML per 365 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (tetanus and diphtheria toxoids)	Tier 0	QL (0.5 ML per 365 days)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (tetanus and diphtheria toxoids)	Tier 0	QL (0.5 ML per 365 days)
tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml	Tier 2	
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (Haemophilus B polysaccharide conj w/tetanus toxoid)	Tier 2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (Haemophilus B polysaccharide conj w/tetanus toxoid)	Tier 2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (Haemophilus B polysach conjugat with meningococcal)	Tier 2	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (Haemophilus B polysacc conj-tetan tox, comp 2 of 2)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML (typhoid vaccine)	Tier 2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vaccine)	Tier 2	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (typhoid vaccine)	Tier 2	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (meningococcal vaccine A,C,Y and W-135, dip tox con)	Tier 0	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (meningococcal vaccine A,C,Y and W-135, dip tox con)	Tier 0	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL) (meningococcal vaccine A, diphtheria tox conjugate)	Tier 3	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL) (meningococcal vaccine C,Y,W-135, diphth conjugate)	Tier 3	
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML (pneumococcal vaccine)	Tier 0	QL (0.5 ML per 365 days)
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML (pneumococcal vaccine)	Tier 0	QL (0.5 ML per 365 days)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (pneumococcal vaccine)	Tier 0	QL (0.5 ML per 365 days); Age (Min 65 Years)
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (Neisseria meningitidis group B, NHBA recombinant)	Tier 0	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (Neisseria meningitidis grp B,lipidated fHBP, rec.)	Tier 0	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
Vaccine Bacterial - Other - Vaccines		
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE (anthrax vaccine)	Tier 2	
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine)	Tier 2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine)	Tier 2	
Vaccine Mixed Combinations (Bacterial And Viral) - Vaccines		
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML (diphtheria,pertussis (acell),tetanus,polio vaccine)	Tier 2	
Vaccine Viral - Adenovirus - Vaccines		
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)	Tier 3	
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (human papillomavirus vaccine, 9-valent)	Tier 0	QL (1.5 ML per 365 days); Age (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (human papillomavirus vaccine, 9-valent)	Tier 0	QL (1.5 ML per 365 days); Age (Min 9 Years and Max 45 Years)
Vaccine Viral - Influenza A And B - Vaccines		
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine qv 2019-20 (36 months up))	Tier 0	QL (0.5 ML per 180 days)
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (influenza virus vaccine qv 2019-2020(6 mos-35 mos))	Tier 0	QL (0.25 ML per 180 days)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quad 2019-20 (6 months up))	Tier 0	QL (0.5 ML per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine trival 2019-2020(65 yr up))	Tier 0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quad 2019-20 (6 months up))	Tier 0	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (influenza virus vaccine qv 2019-20 (18 yr up),rcmb)	Tier 0	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vac qv 19-20 (4 yrs up)cell deriv.)	Tier 0	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vac qv 19-20 (4 yrs up)cell deriv.)	Tier 0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quad 2019-20 (6 months up))	Tier 0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quad 2019-20 (6 months up))	Tier 0	QL (0.5 ML per 180 days)
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza virus vaccine qval 2019-2020 (2-49 yrs))	Tier 0	QL (1 EA per 180 days)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (influenza virus vaccine trival 2019-2020(65 yr up))	Tier 0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quad 2019-20 (6 months up))	Tier 0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quad 2019-20 (6 months up))	Tier 0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quad 2019-20 (6 months up))	Tier 0	QL (0.5 ML per 180 days)
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (influenza virus vaccine qv 2019-2020(6 mos-35 mos))	Tier 0	QL (0.25 ML per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Viral - Japanese Encephalitis - Vaccines		
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML (japanese encephalitis vaccine)	Tier 2	
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (poliomyelitis vaccine,killed)	Tier 2	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML (poliomyelitis vaccine,killed)	Tier 3	
Vaccine Viral - Rabies - Vaccines		
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (rabies vaccine, human diploid cell)	Tier 2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (rabies vaccine,purified chick-embryo cell (PCEC))	Tier 2	
Vaccine Viral - Varicella - Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (varicella-zoster virus glycoprotein E, recombinant)	Tier 0	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG (varicella-zoster virus glycoprotein E, recombinant)	Tier 0	QL (2 EA per 365 days); Age (Min 50 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (varicella virus vaccine live)	Tier 0	QL (2 EA per 365 days)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML (varicella virus vaccine live)	Tier 0	QL (1 EA per 365 days); Age (Min 60 Years)
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live)	Tier 0	QL (2 EA per 365 days)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (measles, mumps, rubella,and varicella live vaccine)	Tier 0	QL (2 EA per 365 days)
Cardiovascular Therapy Agents - Drugs For The Heart		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ace Inhibitor And Calcium Channel Blocker Combinations - Drugs For High Blood Pressure		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril)	Tier 3	ST: At least 2 prior prescriptions for Amlodipine Besylate, Amlodipine Besylate/benazepril, or Perindopril Erbumine in the past 120 days
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	
Ace Inhibitor And Diuretic Combinations - Drugs For High Blood Pressure		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
Ace Inhibitors - Drugs For High Blood Pressure		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
enalaprilat intravenous solution 1.25 mg/ml	Tier 1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
Aldosterone Receptor Antagonists - Drugs For High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Alpha-Beta Blockers - Drugs For High Blood Pressure		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	
labetalol intravenous solution 5 mg/ml	Tier 1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	Tier 1	
labetalol intravenous syringe 25 mg/5 ml (5 mg/ml)	Tier 1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 1	
Angiotensin Ii Receptor Blocker (Arb)-Calcium Channel Blocker Comb. - Drugs For High Blood Pressure		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
Angiotensin Ii Receptor Blocker (Arb)-Calcium Channel Blocker-Diuretic - Drugs For High Blood Pressure		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
Angiotensin Ii Receptor Blocker (Arb)-Diuretic Combinations - Drugs For High Blood Pressure		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan)	Tier 2	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 365 days
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Angiotensin Ii Receptor Blocker-Neprilysin Inhibitor Comb. (Arni) - Drugs For High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril)	Tier 2	PA
Angiotensin Ii Receptor Blockers (Arbs) - Drugs For High Blood Pressure		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan)	Tier 2	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eprosartan oral tablet 600 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs For Angina		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG (isosorbide)	Tier 2	ST: Prior prescription for Dilatrate-SR, Isordil, Isosorbide Dinitrate, or Isosorbide Mononitrate in the past 120 days
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
isosorbide dinitrate oral tablet extended release 40 mg	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 1	
nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (nitroglycerin)	Tier 3	
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)	Tier 1	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	Tier 1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 3	
nitroglycerin (Nitro-Time Oral Capsule, Extended Release 2.5 Mg, 6.5 Mg, 9 Mg)	Tier 1	
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic - Drugs For Angina		
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 1	QL (120 EA per 30 days)
Antiarrhythmic - Class Ia - Drugs For Abnormal Heart Rhythms		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (disopyramide)	Tier 3	ST: Prior prescription for Disopyramide Phosphate in the past 120 days
procainamide injection solution 100 mg/ml, 500 mg/ml	Tier 1	
procainamide intravenous syringe 100 mg/ml	Tier 1	
quinidine gluconate oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
Antiarrhythmic - Class Ib - Drugs For Abnormal Heart Rhythms		
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	Tier 1	
lidocaine in nacl,iso-osmo(pf) injection syringe 100 mg/10 ml (1 %)	Tier 1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
phenytoin sodium intravenous solution 50 mg/ml	Tier 1	
phenytoin sodium intravenous syringe 50 mg/ml	Tier 1	
Antiarrhythmic - Class Ic - Drugs For Abnormal Heart Rhythms		
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
Antiarrhythmic - Class Ii - Drugs For Abnormal Heart Rhythms		
esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)	Tier 1	
esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)	Tier 1	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	Tier 1	
esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)	Tier 1	
sotalol (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	
sotalol (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol intravenous solution 150 mg/10 ml (15 mg/ml)	Tier 2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol)	Tier 2	QL: 8 BOTTLES IN 30 DAYS; ST: Prior prescription for Sotalol HCL in the past 120 days
Antiarrhythmic - Class Iii - Drugs For Abnormal Heart Rhythms		
amiodarone in dextrose 5 % intravenous solution 150 mg/100 ml (1.5 mg/ml), 450 mg/250 ml (1.8 mg/ml), 900 mg/500 ml (1.8 mg/ml)	Tier 1	
amiodarone intravenous solution 50 mg/ml	Tier 1	
amiodarone intravenous syringe 150 mg/3 ml	Tier 1	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
ibutilide fumarate intravenous solution 0.1 mg/ml	Tier 1	
MULTAQ ORAL TABLET 400 MG (dronedarone)	Tier 3	ST: Prior prescription for Amiodarone HCL, Dofetilide, Flecainide Acetate, Propafenone HCL, or Sotalol HCL in the past 120 days
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) (amiodarone)	Tier 2	
PACERONE ORAL TABLET 100 MG, 400 MG (amiodarone)	Tier 1	
amiodarone (Pacerone Oral Tablet 200 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiarrhythmic - Class Iv - Drugs For Abnormal Heart Rhythms		
diltiazem hcl intravenous recon soln 100 mg	Tier 1	
diltiazem hcl intravenous solution 5 mg/ml	Tier 1	
verapamil intravenous solution 2.5 mg/ml	Tier 1	
verapamil intravenous syringe 2.5 mg/ml	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
Antiarrhythmic Others - Drugs For Abnormal Heart Rhythms		
adenosine in 0.9 % sod chlor intravenous syringe 240 mcg/10 ml (24 mcg/ml)	Tier 1	
adenosine intravenous solution 3 mg/ml	Tier 1	
adenosine intravenous syringe 3 mg/ml	Tier 1	
Antihyperlipidemic - Bile Acid Sequestrants - Drugs For Cholesterol		
cholestyramine (with sugar) oral powder 4 gram	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM (cholestyramine)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine)	Tier 1	
colesevelam oral powder in packet 3.75 gram	Tier 1	ST: Prior prescription for Colestid or Colestipol HCL in the past 120 days
colesevelam oral tablet 625 mg	Tier 1	ST: Prior prescription for Colestid or Colestipol HCL in the past 120 days
colestipol oral granules 5 gram	Tier 1	
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram	Tier 1	
PREVALITE ORAL POWDER 4 GRAM (cholestyramine)	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs For Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fenofibrate oral capsule 150 mg, 50 mg	Tier 1	ST: Prior prescription for Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, or Triglide in the past 120 days
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 1	
gemfibrozil oral tablet 600 mg	Tier 1	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins) - Drugs For Cholesterol		
atorvastatin oral tablet 10 mg, 20 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
fluvastatin oral capsule 20 mg, 40 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in the past 365 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluvastatin oral tablet extended release 24 hr 80 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Atorvastatin Calcium, Ezallor Sprinkle, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 365 days; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin)	Tier 3	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Atorvastatin Calcium, Ezallor Sprinkle, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 365 days
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rosuvastatin oral tablet 10 mg, 5 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	Tier 1	ST: Prior prescription for Ezetimibe/simvastatin in the past 365 days; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs For Cholesterol		
niacin oral tablet 500 mg	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs For Cholesterol		
omega-3 acid ethyl esters (Triklo Oral Capsule 1 Gram)	Tier 1	QL (120 EA per 30 days)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs For Cholesterol		
ezetimibe oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source - Drugs For Cholesterol		
omega-3 acid ethyl esters oral capsule 1 gram	Tier 1	QL (120 EA per 30 days)
omega-3 acid ethyl esters (Triklo Oral Capsule 1 Gram)	Tier 1	QL (120 EA per 30 days)
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker - Drugs For Cholesterol		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 1	ST: Prior prescription for Amlodipine Besylate and Atorvastatin Calcium in the past 365 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit - Drugs For Cholesterol		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	Tier 1	ST: Prior prescription for Simvastatin in the past 365 days; QL (1 EA per 1 day)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (Mtp)Inhib - Drugs For Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (lomitapide)	Tier 2	PA; SP
Anti-Pcsk9 Monoclonal Antibodies - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (alirocumab)	Tier 2	PA; SP
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (evolocumab)	Tier 2	PA; SP
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (evolocumab)	Tier 2	PA; SP
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (evolocumab)	Tier 2	PA; SP
Beta Blockers Cardiac Selective - Drugs For High Blood Pressure		
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (nebivolol)	Tier 2	QL (1 EA per 1 day)
BYSTOLIC ORAL TABLET 20 MG (nebivolol)	Tier 2	QL (2 EA per 1 day)
esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)	Tier 1	
esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)	Tier 1	
esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)	Tier 1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate intravenous solution 5 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoprolol tartrate intravenous syringe 5 mg/5 ml	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure		
pindolol oral tablet 10 mg, 5 mg	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs For High Blood Pressure		
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
propranolol intravenous solution 1 mg/ml	Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
sotalol intravenous solution 150 mg/10 ml (15 mg/ml)	Tier 2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs For The Heart		
icatibant subcutaneous syringe 30 mg/3 ml	Tier 1	PA; SP
Calcium Channel Blockers - Benzothiazepines - Drugs For High Blood Pressure		
diltiazem HCl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
diltiazem hcl in 0.9% nacl intravenous solution 100 mg/100 ml (1 mg/ml), 125 mg/125 ml (1 mg/ml)	Tier 1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem in dextrose 5 % intravenous solution 100 mg/100 ml (1 mg/ml), 125 mg/125 ml (1 mg/ml), 250 mg/250 ml (1 mg/ml)	Tier 1	
diltiazem HCl (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 120 Mg, 180 Mg, 240 Mg)	Tier 1	
diltiazem HCl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
diltiazem HCl (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs For High Blood Pressure		
nimodipine oral capsule 30 mg	Tier 1	
NYMALIZE ORAL SOLUTION 30 MG/10 ML (nimodipine)	Tier 3	PA; SP
Calcium Channel Blockers - Dihydropyridines - Drugs For High Blood Pressure		
nifedipine (Afeditab Cr Oral Tablet Extended Release 30 Mg, 60 Mg)	Tier 1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML (nicardipine)	Tier 3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML, 40 MG/200 ML (nicardipine)	Tier 3	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML (clevidipine)	Tier 3	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	Tier 1	
nicardipine in 0.9 % nacl intravenous syringe 1 mg/10 ml	Tier 1	
nicardipine intravenous solution 25 mg/10 ml	Tier 1	
nicardipine intravenous syringe 2.5 mg/ml	Tier 1	
nicardipine oral capsule 20 mg, 30 mg	Tier 1	
nifedipine oral capsule 10 mg, 20 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Tier 1	
Calcium Channel Blockers - Phenylakylamines - Drugs For High Blood Pressure		
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs For Serious Allergic Reaction		
ADYPHREN AMP II INJECTION KIT 1 MG/ML (epinephrine)	Tier 3	
ADYPHREN II INJECTION KIT 1 MG/ML (epinephrine)	Tier 3	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML (epinephrine)	Tier 2	Age (Max 1 Years)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection solution 1 mg/ml	Tier 1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 3	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetic - Beta-Adrenergic Agonists - Drugs For Serious Allergic Reaction		
isoproterenol hcl injection solution 0.2 mg/ml	Tier 1	
Cardiovascular Sympathomimetics - Drugs For Serious Allergic Reaction		
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	Tier 1	
dobutamine intravenous solution 500 mg/40 ml (12.5 mg/ml)	Tier 1	
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	Tier 1	
dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)	Tier 1	
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	Tier 1	
ephedrine sulfate injection solution 50 mg/ml	Tier 1	
ephedrine sulfate intravenous solution 50 mg/ml	Tier 1	
ephedrine sulfate-0.9%nacl(pf) intravenous syringe 10 mg/ml (1 ml), 100 mg/10 ml (10 mg/ml), 25 mg/5 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml), 50 mg/5 ml (10 mg/ml)	Tier 1	
epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)	Tier 1	
epinephrine hcl in 0.9 % nacl intravenous solution 1 mg/250 ml (4 mcg/ml), 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml)	Tier 1	
epinephrine hcl in 0.9 % nacl intravenous syringe 0.16 mg/10 ml (16 mcg/ml), 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)	Tier 1	
epinephrine hcl in 5% dextrose intravenous solution 1 mg/250 ml (4 mcg/ml), 16 mg/250 ml (64 mcg/ml), 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)	Tier 1	
epinephrine in sod chlor,iso intravenous syringe 1 mg/10 ml (100 mcg/ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
epinephrine injection solution 1 mg/ml (1 ml)	Tier 1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norepinephrine bitartrate intravenous solution 1 mg/ml	Tier 1	
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)	Tier 1	
norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 16 mg/500 ml (32 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)	Tier 1	
norepinephrine bitartrate-nacl intravenous syringe 0.16 mg/10 ml (16 mcg/ml)	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)	Tier 3	PA; SP
phenylephrine hcl in 0.9% nacl intravenous solution 10 mg/250 ml (40 mcg/ml), 100 mg/100 ml (1 mg/ml), 20 mg/250 ml (80 mcg/ml), 25 mg/250 ml (100 mcg/ml), 30 mg/250 ml (120 mcg/ml), 40 mg/250 ml (160 mcg/ml), 50 mg/250 ml (200 mcg/ml), 80 mg/250 ml (320 mcg/ml)	Tier 1	
phenylephrine hcl in 0.9% nacl intravenous syringe 0.4 mg/10 ml (40 mcg/ml), 0.5 mg/5 ml (100 mcg/ml), 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml), 20 mg/50 ml (400 mcg/ml), 200 mcg/5 ml (40 mcg/ml), 5 mg/50 ml (100 mcg/ml)	Tier 1	
phenylephrine hcl in d5w intravenous solution 20 mg/250 ml (80 mcg/ml), 8 mg/100 ml (80 mcg/ml)	Tier 1	
phenylephrine hcl injection solution 10 mg/ml	Tier 1	
Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs For High Blood Pressure		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Tier 1	
guanfacine oral tablet 1 mg, 2 mg	Tier 1	
methyldopa oral tablet 250 mg, 500 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyldopate intravenous solution 250 mg/5 ml	Tier 1	
Digitalis Glycosides - Drugs For The Heart		
digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	
digoxin injection solution 250 mcg/ml	Tier 1	
digoxin injection syringe 250 mcg/ml	Tier 1	
digoxin oral solution 50 mcg/ml	Tier 2	
digoxin oral tablet 125 mcg, 250 mcg	Tier 1	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG (digoxin)	Tier 3	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (digoxin)	Tier 2	
Direct Acting Vasodilators - Drugs For High Blood Pressure		
hydralazine injection solution 20 mg/ml	Tier 1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
NIPRIDE RTU INTRAVENOUS SOLUTION 10 MG/50 ML (0.2 MG/ML), 20 MG/100 ML (0.2 MG/ML), 50 MG/100 ML (0.5 MG/ML) (nitroprusside sodium)	Tier 3	
sodium nitroprusside intravenous solution 25 mg/ml	Tier 1	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs For High Blood Pressure		
acetazolamide oral capsule, extended release 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
acetazolamide sodium injection recon soln 500 mg	Tier 1	
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Loop - Drugs For High Blood Pressure		
bumetanide injection solution 0.25 mg/ml	Tier 1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynate sodium intravenous recon soln 50 mg	Tier 1	
ethacrynic acid oral tablet 25 mg	Tier 1	
furosemide in 0.9 % nacl intravenous piggyback 100 mg/100 ml (1 mg/ml)	Tier 1	
furosemide injection solution 10 mg/ml	Tier 1	
furosemide injection syringe 10 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
furosemide oral solution 10 mg/ml	Tier 1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Diuretic - Osmotic - Drugs For High Blood Pressure		
mannitol 10 % intravenous parenteral solution 10 %	Tier 1	
mannitol 20 % intravenous parenteral solution 20 %	Tier 1	
mannitol 25 % intravenous solution 25 %	Tier 1	
mannitol 5 % intravenous parenteral solution 5 %	Tier 1	
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (mannitol)	Tier 2	
Diuretic - Potassium Sparing - Drugs For High Blood Pressure		
amiloride oral tablet 5 mg	Tier 1	
triamterene oral capsule 100 mg, 50 mg	Tier 1	ST: Prior prescriptions for Amiloride HCL and Spironolactone in the past 365 days
Diuretic - Potassium Sparing-Thiazide And Related Combinations - Drugs For High Blood Pressure		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs For High Blood Pressure		
JYNARQUE ORAL TABLET 15 MG (tolvaptan)	Tier 3	PA; SP; QL (30 EA per 365 days)
JYNARQUE ORAL TABLET 30 MG (tolvaptan)	Tier 3	PA; SP; QL (60 EA per 365 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (tolvaptan)	Tier 3	PA; SP
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 3	PA; SP; QL (30 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Tier 3	PA; SP; QL (60 EA per 365 days)
Diuretic - Thiazides And Related - Drugs For High Blood Pressure		
chlorothiazide oral tablet 250 mg, 500 mg	Tier 1	
chlorothiazide sodium intravenous recon soln 500 mg	Tier 1	
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
methyclothiazide oral tablet 5 mg	Tier 1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Dopamine D1 Receptor Agonists, Antihypertensive - Drugs For High Blood Pressure		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML (fenoldopam)	Tier 3	
Ganglionic Blocking, Non-Depolarizing - Drugs For High Blood Pressure		
VECAMYL ORAL TABLET 2.5 MG (mecamylamine)	Tier 3	PA
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs For High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (ivabradine)	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine)	Tier 2	ST: Prior prescription for Bisoprolol Fumarate, Carvedilol, Kapspargo Sprinkle, or Metoprolol Succinate in the past 120 days; QL (2 EA per 1 day)
Hypertrophic Cardiomyopathy Treatment Agents, Ablative - Drugs For The Heart		
ABLYSINOL INTRA-ARTERIAL SOLUTION 99 % (ethyl alcohol)	Tier 3	
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs For Abnormal Heart Rhythms		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML (atropine)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 1 mg/2.5 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)	Tier 1	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	Tier 1	
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
nadolol-bendroflumethiazide oral tablet 80-5 mg	Tier 1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	Tier 1	
Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists - Drugs For High Blood Pressure		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	Tier 2	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (selexipag)	Tier 2	PA; SP
Patent Ductus Arteriosus (Pda) Treatment Agents , Nsaid-Type - Drugs For The Heart		
indomethacin sodium intravenous recon soln 1 mg	Tier 1	
Patent Ductus Arteriosus (Pda) Treatment Agents, Prostaglandin-Type - Drugs For The Heart		
alprostadil injection solution 500 mcg/ml	Tier 1	
Peripheral Alpha-1 Receptor Blockers - Drugs For High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (doxazosin)	Tier 3	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
phenoxybenzamine oral capsule 10 mg	Tier 1	PA; SP
phentolamine injection recon soln 5 mg	Tier 1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Peripheral Vasodilators, Single Agents - Drugs For High Blood Pressure		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isoxsuprine oral tablet 10 mg, 20 mg	Tier 1	
papaverine injection solution 30 mg/ml	Tier 1	
Pheochromocytoma, Agents To Treat - Drugs For High Blood Pressure		
DEMSER ORAL CAPSULE 250 MG (metyrosine)	Tier 2	
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs For The Heart		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (lanadelumab-flyo)	Tier 3	PA; SP
Pulmonary Antihypertensive Agents - Prostacyclin-Type - Drugs For High Blood Pressure		
epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg	Tier 1	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil)	Tier 3	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil)	Tier 3	PA; SP
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	Tier 1	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil)	Tier 2	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil)	Tier 2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil)	Tier 2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil)	Tier 2	PA; SP
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol)	Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (iloprost)	Tier 3	PA; SP
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs For High Blood Pressure		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure		
ambrisentan oral tablet 10 mg, 5 mg	Tier 1	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	Tier 1	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)	Tier 3	PA; SP
OPSUMIT ORAL TABLET 10 MG (macitentan)	Tier 2	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	Tier 3	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)	Tier 2	PA; SP
Pulmonary Arterial Hypertension Agents-Selective Cgmp-Pde5 Inhibitors - Drugs For High Blood Pressure		
tadalafil (antihypertensive) (Alyq Oral Tablet 20 Mg)	Tier 1	PA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (sildenafil)	Tier 3	PA; SP
sildenafil (antihypertensive) intravenous solution 10 mg/12.5 ml	Tier 1	PA
sildenafil (antihypertensive) oral suspension for reconstitution 10 mg/ml	Tier 1	PA; SP
sildenafil (antihypertensive) oral tablet 20 mg	Tier 1	PA
tadalafil (antihypertensive) oral tablet 20 mg	Tier 1	PA
Renin Inhibitor, Direct - Drugs For High Blood Pressure		
aliskiren oral tablet 150 mg, 300 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days; QL (1 EA per 1 day)
Renin Inhibitor, Direct And Diuretic Combinations - Drugs For High Blood Pressure		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (aliskiren)	Tier 2	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days; QL (1 EA per 1 day)
Central Nervous System Agents - Drugs For The Nervous System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Agents To Treat Episodic Cluster Headaches - Drugs For Migraine Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (galcanezumab-gnlm)	Tier 3	PA
Antianxiety Agent - Antihistamine Type - Drugs For Anxiety		
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	Tier 1	
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs For Anxiety		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam injection solution 5 mg/ml	Tier 1	
diazepam injection syringe 5 mg/ml	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs For Anxiety		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs For Anxiety		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists - Drugs For Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL TABLET 2 MG (perampanel)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (60 EA per 30 days)
Anticonvulsant - Barbiturates And Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
LUMINAL INJECTION SYRINGE 130 MG/ML (phenobarbital)	Tier 3	
primidone oral tablet 250 mg, 50 mg	Tier 1	
Anticonvulsant - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
clobazam oral suspension 2.5 mg/ml	Tier 1	ST: Prior prescription for Lamotrigine or Topiramate in the past 120 days; QL (480 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobazam oral tablet 10 mg, 20 mg	Tier 1	ST: Prior prescription for Lamotrigine or Topiramate in the past 120 days; QL (2 EA per 1 day)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	QL (1 EA per 1 FILL)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 3	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	Tier 3	PA
Anticonvulsant - Cannabinoid Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol)	Tier 3	PA; SP
Anticonvulsant - Carbamates - Drugs For Seizures /Personality Disorder/Nerve Pain		
felbamate oral suspension 600 mg/5 ml	Tier 1	ST: Prior prescription for Lamotrigine or Topiramate in the past 120 days; QL (30 ML per 1 day)
felbamate oral tablet 400 mg	Tier 1	ST: Prior prescription for Lamotrigine or Topiramate in the past 120 days; QL (9 EA per 1 day)
felbamate oral tablet 600 mg	Tier 1	ST: Prior prescription for Lamotrigine or Topiramate in the past 120 days; QL (6 EA per 1 day)
Anticonvulsant - Carboxylic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs For Seizures /Personality Disorder/Nerve Pain		
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML (lacosamide)	Tier 2	
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) (lacosamide)	Tier 3	
Anticonvulsant - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	Tier 1	
gabapentin oral tablet 600 mg, 800 mg	Tier 1	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Tier 2	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	QL (4 EA per 1 day)
pregabalin oral capsule 200 mg	Tier 1	QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	Tier 1	QL (2 EA per 1 day)
pregabalin oral solution 20 mg/ml	Tier 1	
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
tiagabine oral tablet 12 mg, 2 mg, 4 mg	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (3 EA per 1 day)
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor - Drugs For Seizures /Personality Disorder/Nerve Pain		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 2	SP; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (6 EA per 1 day)
vigabatrin oral powder in packet 500 mg	Tier 1	SP; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (6 EA per 1 day)
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 1	SP; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (6 EA per 1 day)
Anticonvulsant - Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN ORAL CAPSULE 30 MG (phenytoin)	Tier 2	
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	Tier 1	
PEGANONE ORAL TABLET 250 MG (ethotoin)	Tier 2	
phenytoin oral suspension 100 mg/4 ml	Tier 1	
phenytoin oral suspension 125 mg/5 ml	Tier 1	
phenytoin oral tablet,chewable 50 mg	Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	
phenytoin sodium intravenous syringe 50 mg/ml	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
APTIOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in the past 365 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APTIOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in the past 365 days; QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	ST: Prior prescription for generic Carbamazepine in the past 120 days
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (oxcarbazepine)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG (oxcarbazepine)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (4 EA per 1 day)
Anticonvulsant - Monosaccharide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
topiramate oral capsule, sprinkle 15 mg, 25 mg	Tier 1	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	Tier 1	ST: Prior prescription for Topiramate in the past 120 days; QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	Tier 1	ST: Prior prescription for Topiramate in the past 120 days; QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG (topiramate)	Tier 3	ST: Prior prescription for Topiramate in the past 120 days; QL (1 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (topiramate)	Tier 3	ST: Prior prescription for Topiramate in the past 120 days; QL (2 EA per 1 day)
Anticonvulsant - Phenyltriazine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 3	ST: Prior prescription for Lamotrigine in the past 120 days
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (lamotrigine)	Tier 3	ST: Prior prescription for Lamotrigine in the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (lamotrigine)	Tier 3	ST: Prior prescription for Lamotrigine in the past 120 days
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)	Tier 1	ST: Prior prescription for Lamotrigine in the past 120 days
lamotrigine oral tablet extended release 24hr 100 mg	Tier 1	ST: Prior prescription for Lamotrigine in the past 120 days
lamotrigine oral tablet extended release 24hr 200 mg, 300 mg	Tier 1	ST: Prior prescription for Lamotrigine in the past 120 days; QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	Tier 1	ST: Prior prescription for Lamotrigine in the past 120 days; QL (6 EA per 1 day)
lamotrigine oral tablet extended release 24hr 250 mg	Tier 1	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (2 EA per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg	Tier 1	ST: Prior prescription for Lamotrigine in the past 120 days; QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	Tier 1	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	Tier 1	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 1	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 1	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 1	
Anticonvulsant - Pyrrolidine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (2 EA per 1 day)
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	Tier 1	
levetiracetam intravenous solution 500 mg/5 ml	Tier 1	
levetiracetam oral solution 100 mg/ml	Tier 1	
levetiracetam oral solution 500 mg/5 ml (5 ml)	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG (levetiracetam)	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (2 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (4 EA per 1 day)
Anticonvulsant - Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain		
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	Tier 2	
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Sulfonamide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	Tier 2	ST: Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 120 days; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG (rufinamide)	Tier 2	ST: Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 120 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG (rufinamide)	Tier 2	ST: Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 120 days; QL (8 EA per 1 day)
Anticonvulsant Others - Drugs For Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	Tier 3	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (stiripentol)	Tier 3	PA; SP
Antidepressant - Alpha-2 Receptor Antagonists (Nassa) - Drugs For Depression		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	Tier 1	
mirtazapine oral tablet 7.5 mg	Tier 1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	Tier 1	
Antidepressant - Mao Inhibitor Nonselective And Irreversible-Types A,B - Drugs For Depression		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (selegiline)	Tier 3	ST: Prior prescription for Rasagiline Mesylate or Selegiline HCL in the past 120 days; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (isocarboxazid)	Tier 3	ST: Prior prescription for Phenelzine Sulfate or Tranylcypromine Sulfate in the past 120 days
phenelzine oral tablet 15 mg	Tier 1	
tranylcypromine oral tablet 10 mg	Tier 2	
Antidepressant - Neuroactive Steroid Gaba-A Receptor Modulator - Drugs For Depression		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML (brexanolone)	Tier 3	
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris) - Drugs For Depression		
citalopram oral solution 10 mg/5 ml	Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml	Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	Tier 1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1	
fluoxetine oral tablet 10 mg	Tier 1	
fluoxetine oral tablet 20 mg	Tier 2	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 2	QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days
sertraline oral concentrate 20 mg/ml	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris) - Drugs For Depression		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris) - Drugs For Depression		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 3	ST: Prior prescription for Desvenlafaxine Succinate, Duloxetine HCL, Fetzima, or Venlafaxine HCL in the past 120 days; QL (1 EA per 1 day)
desvenlafaxine oral tablet extended release 24hr 100 mg, 50 mg	Tier 1	ST: Prior prescription for Desvenlafaxine Succinate, Duloxetine HCL, Fetzima, or Venlafaxine HCL in the past 120 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	QL (2 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	Tier 2	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (levomilnacipran)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran)	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran)	Tier 2	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 2	
Antidepressant - Ssri And 5Ht1a Partial Agonist - Drugs For Depression		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) (vilazodone)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator - Drugs For Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (vortioxetine)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb - Drugs For Depression		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs For Depression		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris) - Drugs For Depression		
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 450 mg	Tier 1	ST: Prior prescription for Bupropion HCL in the past 120 days
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Tier 1	
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors) - Drugs For Depression		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	Tier 2	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral concentrate 10 mg/ml	Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 2	
maprotiline oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral solution 10 mg/5 ml	Tier 1	
protriptyline oral tablet 10 mg, 5 mg	Tier 2	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb - Drugs For Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb - Drugs For Parkinson		
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (carbidopa)	Tier 3	ST: Prior prescription for Carbidopa/levodopa in the past 120 days; QL (10 EA per 1 day)
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors - Drugs For Parkinson		
tolcapone oral tablet 100 mg	Tier 1	ST: Prior prescription for Entacapone in the past 120 days; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral Comt Inhibitors - Drugs For Parkinson		
entacapone oral tablet 200 mg	Tier 1	
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors - Drugs For Parkinson		
carbidopa oral tablet 25 mg	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs For Parkinson		
benztropine injection solution 2 mg/2 ml	Tier 1	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs For Parkinson		
INBRIJA INHALATION CAPSULE 42 MG (levodopa)	Tier 3	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (levodopa)	Tier 3	PA; SP
Antiparkinson Therapy - Ergot Alkaloids And Derivatives - Drugs For Parkinson		
bromocriptine oral capsule 5 mg	Tier 1	
bromocriptine oral tablet 2.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B) - Drugs For Parkinson		
rasagiline oral tablet 0.5 mg, 1 mg	Tier 1	QL (1 EA per 1 day)
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents - Drugs For Parkinson		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5 ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (apomorphine)	Tier 2	PA; SP
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 1	ST: Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in the past 120 days; QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	ST: Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in the past 120 days; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs For Severe Mental Disorders		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone)	Tier 2	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LATUDA ORAL TABLET 80 MG (lurasidone)	Tier 2	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (60 EA per 30 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs For Severe Mental Disorders		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (iloperidone)	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (iloperidone)	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (8 EA per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML (paliperidone)	Tier 3	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 2	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	Tier 2	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (2 EA per 1 day)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG (risperidone)	Tier 3	SP
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone)	Tier 2	
risperidone oral solution 1 mg/ml	Tier 1	QL (8 ML per 1 day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	QL (2 EA per 1 day)
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	QL (2 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs For Severe Mental Disorders		
clozapine oral tablet 100 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
clozapine oral tablet 200 mg, 50 mg	Tier 1	QL (3 EA per 1 day)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (3 EA per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs For Severe Mental Disorders		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Tier 1	
haloperidol lactate injection solution 5 mg/ml	Tier 1	
haloperidol lactate intramuscular syringe 5 mg/ml	Tier 1	
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs For Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (loxapine)	Tier 3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Antipsychotic - Dihydroindolones - Drugs For Severe Mental Disorders		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs For Severe Mental Disorders		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs For Severe Mental Disorders		
chlorpromazine injection solution 25 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs For Severe Mental Disorders		
fluphenazine decanoate injection solution 25 mg/ml	Tier 1	
fluphenazine hcl injection solution 2.5 mg/ml	Tier 1	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs For Severe Mental Disorders		
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Thioxanthenes - Drugs For Severe Mental Disorders		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs For Severe Mental Disorders		
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG (olanzapine)	Tier 3	
Antipsychotic-Atyp Selective Serotonin 5-Ht2a Inverse Agonists (Ssia) - Drugs For Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin)	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG (pimavanserin)	Tier 3	PA; SP
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5Ht Serotonin Mixed - Drugs For Severe Mental Disorders		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (aripiprazole)	Tier 2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (aripiprazole)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (aripiprazole)	Tier 2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (aripiprazole)	Tier 3	SP
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML (aripiprazole)	Tier 2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexpiprazole)	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (1 EA per 1 day)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs For Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (cariprazine)	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) (cariprazine)	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (7 EA per 28 days)
Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist - Drugs For Attention Deficit Disorder		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	QL (120 EA per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	QL (1 EA per 1 day)
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type - Drugs For Attention Deficit Disorder		
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML (amphetamine)	Tier 3	ST: Prior prescription for Dextroamphetamine/amphetamine, Methylphenidate HCL, or Ritalin LA in the past 120 days; QL (450 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine)	Tier 3	ST: Prior prescription for Dextroamphetamine/amphetamine, Methylphenidate HCL, or Ritalin LA in the past 120 days
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg	Tier 1	
methylphenidate hcl oral tablet extended release 20 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg, 72 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate HCl (Relexxii Oral Tablet Extended Release 24Hr 72 Mg)	Tier 3	QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	Tier 2	ST: Prior prescription for a selective serotonin reuptake inhibitor, Topiramate, a generic/multisource mixed amphetamine salts (Adderall IR/XR), or Methylphenidate (IR, ER, LA, CD) in the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine)	Tier 2	ST: Prior prescription for a selective serotonin reuptake inhibitor, Topiramate, a generic/multisource mixed amphetamine salts (Adderall IR/XR), or Methylphenidate (IR, ER, LA, CD) in the past 120 days; QL (1 EA per 1 day)
dextroamphetamine (Zenzedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine (Zenzedi Oral Tablet 5 Mg)	Tier 1	QL (90 EA per 30 days)
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type - Drugs For Attention Deficit Disorder		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	Tier 1	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	Tier 1	QL (30 EA per 30 days)
Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	Tier 2	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	QL (1 EA per 1 FILL)
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
lorazepam injection syringe 4 mg/ml	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)	Tier 1	
quazepam oral tablet 15 mg	Tier 2	ST: Prior prescription for Edluar, Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, Zolpidem Tartrate, or Zolpimist in the past 120 days
Bipolar Therapy Agents - Anticonvulsant Type - Drugs For Seizures /Personality Disorder/Nerve Pain		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	ST: Prior prescription for generic Carbamazepine in the past 120 days
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)	Tier 1	ST: Prior prescription for Lamotrigine in the past 120 days
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 1	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 1	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml)	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs For Severe Mental Disorders		
aripiprazole oral solution 1 mg/ml	Tier 1	ST: At least 2 prior prescriptions for two generic atypical antipsychotics or antidepressants in the past 365 days; QL (30 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	ST: At least 2 prior prescriptions for two generic atypical antipsychotics or antidepressants in the past 365 days; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	ST: At least 2 prior prescriptions for two generic atypical antipsychotics or antidepressants in the past 365 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olanzapine intramuscular recon soln 10 mg	Tier 1	QL (1 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	QL (1 EA per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	QL (3 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine)	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (2 EA per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine)	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) (cariprazine)	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (7 EA per 28 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	QL (2 EA per 1 day)
Bipolar Therapy Agents - Lithium - Drugs For Severe Mental Disorders		
lithium carbonate oral capsule 150 mg, 600 mg	Tier 1	
lithium carbonate oral capsule 300 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 1	
lithium citrate oral solution 8 meq/5 ml	Tier 1	
Cannabis And Cannabinoid Receptor Agonists - Drugs For Seizures /Personality Disorder/Nerve Pain		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 3	ST: Prior prescription for Dronabinol in the past 120 days; QL (60 ML per 30 days)
Cns Stimulant - Amphetamine Combinations - Drugs For Attention Deficit Disorder		
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML (amphetamine)	Tier 3	ST: Prior prescription for Dextroamphetamine/amphetamine, Methylphenidate HCL, or Ritalin LA in the past 120 days; QL (450 ML per 30 days)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine)	Tier 3	ST: Prior prescription for Dextroamphetamine/amphetamine, Methylphenidate HCL, or Ritalin LA in the past 120 days
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
Cns Stimulant - Amphetamines - Drugs For Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
dextroamphetamine oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine oral solution 5 mg/5 ml	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
dextroamphetamine (Zenzedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine (Zenzedi Oral Tablet 5 Mg)	Tier 1	QL (90 EA per 30 days)
Cns Stimulant - Analeptics - Drugs For Attention Deficit Disorder		
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)	Tier 1	
doxapram intravenous solution 20 mg/ml	Tier 1	
Fibromyalgia Agents - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Tier 2	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris) - Drugs For Seizures /Personality Disorder/Nerve Pain		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran)	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran)	Tier 2	
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs For Insomnia		
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	Tier 3	PA; SP
Migraine Therapy - Calcitonin Gene-Related Peptide Inhibitors - Drugs For Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)	Tier 3	PA
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (galcanezumab-gnlm)	Tier 3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (galcanezumab-gnlm)	Tier 3	PA
Migraine Therapy - Cgrp Receptor Blockers, Monoclonal Antibody - Drugs For Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)	Tier 3	PA
Migraine Therapy - Ergot Alkaloids And Derivatives - Drugs For Migraine Headaches		
dihydroergotamine injection solution 1 mg/ml	Tier 1	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	Tier 1	QL (8 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERGOMAR SUBLINGUAL TABLET 2 MG (ergotamine)	Tier 3	QL (10 EA per 7 days)
Migraine Therapy - Ergot Combinations - Drugs For Migraine Headaches		
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	QL (10 EA per 7 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine)	Tier 2	QL (5 EA per 7 days)
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1) - Drugs For Migraine Headaches		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
eletriptan oral tablet 20 mg, 40 mg	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (6 EA per 30 days)
frovatriptan oral tablet 2.5 mg	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (12 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	Tier 1	QL (8 EA per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG (sumatriptan)	Tier 3	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days
rizatriptan oral tablet 10 mg, 5 mg	Tier 1	QL (12 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Tier 1	QL (12 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	Tier 1	QL (6 EA per 15 days)
sumatriptan succinate oral tablet 100 mg	Tier 1	QL (8 EA per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	Tier 1	QL (3 EA per 5 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	QL (4 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 1	QL (5 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	Tier 1	QL (4 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG (zolmitriptan)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (12 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG (zolmitriptan)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (6 EA per 15 days)
Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Comb. - Drugs For Migraine Headaches		
sumatriptan-naproxen oral tablet 85-500 mg	Tier 2	ST: Prior prescription for Sumatriptan Succinate or Sumatriptan in the past 180 days; QL (1 EA per 3 days)
Movement Disorder Drug Therapy - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 3	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 1	PA; SP
Movement Disorder Therapy - Huntington's Disease - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Narcolepsy And Cataplexy Therapy Agents - Sedative-Type - Drugs For Sleep Disorder		
XYREM ORAL SOLUTION 500 MG/ML (gamma-hydroxybutyric acid)	Tier 3	PA; SP
Narcolepsy Therapy Agents - Dopamine And Ne Reuptake Inhibitor (Dnri) - Drugs For Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol)	Tier 3	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs For Sleep Disorder		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs For Sleep Disorder		
dextroamphetamine (Zenzedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine (Zenzedi Oral Tablet 5 Mg)	Tier 1	QL (90 EA per 30 days)
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists Type - Drugs For Severe Mental Disorders		
NUEDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan)	Tier 2	PA
Sedative-Hypnotic - Barbiturates - Drugs For Insomnia		
AMYTAL INJECTION RECON SOLN 500 MG (amobarbital)	Tier 1	
LUMINAL INJECTION SYRINGE 130 MG/ML (phenobarbital)	Tier 3	
pentobarbital sodium injection solution 50 mg/ml	Tier 1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
phenobarbital sodium injection solution 130 mg/ml	Tier 1	
phenobarbital sodium injection solution 65 mg/ml	Tier 1	
SECONAL SODIUM ORAL CAPSULE 100 MG (secobarbital)	Tier 2	
Sedative-Hypnotic - Benzodiazepines - Drugs For Insomnia		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
lorazepam injection solution 2 mg/ml, 4 mg/ml	Tier 1	
lorazepam injection syringe 2 mg/ml, 4 mg/ml	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
quazepam oral tablet 15 mg	Tier 2	ST: Prior prescription for Edluar, Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, Zolpidem Tartrate, or Zolpimist in the past 120 days
temazepam oral capsule 15 mg, 30 mg	Tier 1	
temazepam oral capsule 22.5 mg, 7.5 mg	Tier 2	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
Sedative-Hypnotic - Gaba-Receptor Modulators - Drugs For Insomnia		
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG (zolpidem)	Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	Tier 1	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days; QL (1 EA per 1 day)
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (zolpidem)	Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs For Insomnia		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days; QL (1 EA per 1 day)
Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs For Insomnia		
dexmedetomidine in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)	Tier 1	
dexmedetomidine in dextrose 5% intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml)	Tier 3	
dexmedetomidine intravenous solution 100 mcg/ml	Tier 1	
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 200 MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML), 80 MCG/20 ML (4 MCG/ML) (dexmedetomidine)	Tier 3	
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs For Insomnia		
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin)	Tier 3	ST: Prior prescription for Doxepin HCL, Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days; QL (1 EA per 1 day)
Sedative-Hypnotic Combinations Other - Drugs For Insomnia		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (midazolam)	Tier 1	
Chemical Dependency, Agents To Treat - Drugs For Addiction		
Agents For Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs For Opioid Addiction		
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine)	Tier 3	PA
Agents For Opioid Withdrawal, Opioid-Type - Drugs For Opioid Addiction		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG (buprenorphine)	Tier 3	QL (1 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG (buprenorphine)	Tier 3	QL (2 EA per 1 day)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg	Tier 1	QL (1 EA per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (buprenorphine)	Tier 2	PA; SP; QL (1 ML per 7 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG (buprenorphine)	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG (buprenorphine)	Tier 2	QL (2 EA per 1 day)
Alcohol Abstinence Therapy - Glutamate And Gaba System Type - Drugs For Alcohol Addiction		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs For Alcohol Addiction		
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (naltrexone)	Tier 2	
Alcohol Deterrents - Drugs For Alcohol Addiction		
disulfiram oral tablet 250 mg, 500 mg	Tier 1	
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type - Drugs For Smoking Addiction		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents - Nicotine-Type - Drugs For Smoking Addiction		
NICORELIEF BUCCAL GUM 2 MG, 4 MG (nicotine)	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
nicotine (polacrilex) buccal gum 2 mg, 4 mg	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	Tier 0	QL (1 EA per 1 day); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	Tier 0	QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG (nicotine)	Tier 0	ST: Prior prescription for Nicotine Patch and Nicotine in the past 120 days; QL (1008 EA per 90 days); Age (Min 18 Years)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML (nicotine)	Tier 0	ST: Prior prescription for Nicotine Patch and Nicotine in the past 120 days; QL (160 ML per 90 days); Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG (nicotine)	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine)	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG (nicotine)	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine)	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine)	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2 - Drugs For Smoking Addiction		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (varenicline)	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (varenicline)	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) (varenicline)	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
glutathione (bulk) powder 100 %	Tier 3	
guaiacol liquid	Tier 2	
Pharmaceutical Adjuvant - Inhalation Vehicles		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (sodium chloride for inhalation)	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride for inhalation)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (sodium chloride for inhalation)	Tier 3	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	Tier 1	
Pharmaceutical Adjuvant - Surfactants		
LUMOXITI IV SOLN STABILIZER INTRAVENOUS SOLUTION (stabilizer for moxetumomab pasudotox-tdfk)	Tier 3	
polysorbate 80 solution	Tier 3	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION (vaccine adjuvant system, AS01B liposomal)	Tier 0	QL (1 ML per 365 days); Age (Min 50 Years)
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION (sodium bicarbonate)	Tier 3	
Cognitive Disorder Therapy - Drugs For The Nervous System		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs For Alzheimer's Disease		
donepezil oral tablet 10 mg, 23 mg, 5 mg	Tier 1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	QL (60 EA per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	Tier 1	QL (30 EA per 30 days)
Alzheimer's Disease Therapy - Nmda Receptor Antagonists - Drugs For Alzheimer's Disease		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
memantine oral solution 2 mg/ml	Tier 1	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs For Alzheimer's Disease		
ergoloid oral tablet 1 mg	Tier 1	
Contraceptives		
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (etonogestrel)	Tier 0	QL (1 EA per 365 days)
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (medroxyprogesterone)	Tier 0	QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	Tier 0	QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	Tier 0	QL (1 ML per 84 days)
Contraceptive Intrauterine - Copper Iud - Birth Control Pills		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (copper)	Tier 0	
Contraceptive Intrauterine - Progesterone Iud - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG (levonorgestrel)	Tier 0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/24 HRS (5 YRS) 52 MG (levonorgestrel)	Tier 0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (5 YRS) 52 MG (levonorgestrel)	Tier 0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG (levonorgestrel)	Tier 0	
Contraceptive Oral - Biphasic - Birth Control Pills		
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) (levonorgestrel-ethinyl estradiol)	Tier 0	QL (91 EA per 84 days)
L norgest/e.estradiol-e.estrad (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	QL (91 EA per 84 days)
L norgest/e.estradiol-e.estrad (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	QL (91 EA per 84 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desog-e.estradiol/e.estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
desog-e.estradiol/e.estradiol (Bekyree (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) (levonorgestrel-ethinyl estradiol)	Tier 0	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (levonorgestrel-ethinyl estradiol)	Tier 0	QL (91 EA per 84 days)
L norgest/e.estradiol-e.estrad (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	QL (91 EA per 84 days)
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 0	
desog-e.estradiol/e.estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 0	QL (91 EA per 84 days)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone)	Tier 0	
desog-e.estradiol/e.estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
desog-e.estradiol/e.estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
L norgest/e.estradiol-e.estrad (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	QL (91 EA per 84 days)
desog-e.estradiol/e.estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel-ethinyl estrad (Altavera (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone-ethin estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Amethyst (28) Oral Tablet 90-20 Mcg (28))	Tier 0	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	Tier 0	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel-ethinyl estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone)	Tier 0	
norethindrone ac-eth estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 0	
norethindrone-e.estradiol-iron (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone)	Tier 0	
norethindrone-e.estradiol-iron (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-0.03 Mg)	Tier 0	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7) (levonorgestrel)	Tier 0	QL (1 EA per 1 day)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG (norethindrone)	Tier 0	
norethindrone-e.estradiol-iron (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone)	Tier 0	
norethindrone-e.estradiol-iron (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
BREVICON (28) ORAL TABLET 0.5-35 MG-MCG (norethindrone)	Tier 0	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG (norethindrone)	Tier 0	
levonorgestrel-ethinyl estrad (Chateal (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	Tier 0	
norethindrone-ethin estradiol (Cyclafem 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	Tier 0	
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone-ethin estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
levonorgestrel-ethinyl estrad (Delyla (28) Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	Tier 0	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	Tier 0	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Tier 0	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	Tier 0	
desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-0.03 Mg)	Tier 0	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	Tier 0	
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Tier 0	
levonorgestrel-ethinyl estrad (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
GIANVI (28) ORAL TABLET 3-0.02 MG (ethinyl estradiol)	Tier 0	
norethindrone-e.estradiol-iron (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
HAILEY ORAL TABLET 1.5-30 MG-MCG (norethindrone)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Introvale Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	Tier 0	QL (91 EA per 84 days)
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	Tier 0	
drospirenone-ethinyl estradiol (Jasmiel (28) Oral Tablet 3-0.02 Mg)	Tier 0	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel)	Tier 0	QL (91 EA per 84 days)
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	Tier 0	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone)	Tier 0	
norethindrone ac-eth estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 0	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone)	Tier 0	
norethindrone-e.estradiol-iron (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone-e.estradiol-iron (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
noreth-ethinyl estradiol-iron (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	Tier 0	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	Tier 0	
ethynodiol diac-eth estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
ethynodiol diac-eth estradiol (Kelnor 1-50 Oral Tablet 1-50 Mg-Mcg)	Tier 0	
levonorgestrel-ethinyl estrad (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone)	Tier 0	
norethindrone ac-eth estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 0	
norethindrone-e.estradiol-iron (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone)	Tier 0	
norethindrone-e.estradiol-iron (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
levonorgestrel-ethinyl estrad (Larissia Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone)	Tier 0	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	Tier 0	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 0	QL (91 EA per 84 days)
levonorgestrel-ethinyl estrad (Levora-28 Oral Tablet 0.15-0.03 Mg)	Tier 0	
levonorgestrel-ethinyl estrad (Lillow (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
drospirenone-ethinyl estradiol (Loryna (28) Oral Tablet 3-0.02 Mg)	Tier 0	
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	Tier 0	
drospirenone-ethinyl estradiol (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	Tier 0	
levonorgestrel-ethinyl estrad (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel-ethinyl estrad (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone-e.estradiol-iron (Melodetta 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	Tier 0	
norethindrone-e.estradiol-iron (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	Tier 0	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone)	Tier 0	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone)	Tier 0	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone)	Tier 0	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone)	Tier 0	
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG (norethindrone)	Tier 0	
drospirenone-ethinyl estradiol (Nikki (28) Oral Tablet 3-0.02 Mg)	Tier 0	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	Tier 0	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	Tier 0	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4)	Tier 0	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 0	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	Tier 0	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG (norethindrone)	Tier 0	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (norethindrone)	Tier 0	
norethindrone-ethin estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
OCELLA ORAL TABLET 3-0.03 MG (ethinyl estradiol)	Tier 0	
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG (norgestrel)	Tier 0	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
PHILITH ORAL TABLET 0.4-35 MG-MCG (norethindrone)	Tier 0	
norethindrone-ethin estradiol (Pirmella Oral Tablet 1-35 Mg-Mcg)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Portia 28 Oral Tablet 0.15-0.03 Mg)	Tier 0	
norgestimate-ethinyl estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
drospirenone-e.estradiol-lm.FA (Rajani Oral Tablet 3-0.02-0.451 Mg (24) (4))	Tier 0	
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
levonorgestrel-ethinyl estrad (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	Tier 0	QL (91 EA per 84 days)
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	Tier 0	
norethindrone-e.estradiol-iron (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
norethindrone-e.estradiol-iron (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone-e.estradiol-iron (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone)	Tier 0	
drospirenone-e.estradiol-lm.FA (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	Tier 0	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG (norethindrone)	Tier 0	
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
WERA (28) ORAL TABLET 0.5-35 MG-MCG (norethindrone)	Tier 0	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7) (norethindrone)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drospirenone-ethinyl estradiol (Zarah Oral Tablet 3-0.03 Mg)	Tier 0	
ZENCHENT (28) ORAL TABLET 0.4-35 MG-MCG (norethindrone)	Tier 0	
ethynodiol diac-eth estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
drospirenone-ethinyl estradiol (Zumandimine (28) Oral Tablet 3-0.03 Mg)	Tier 0	
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (contraceptive) (Camila Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (contraceptive) (Deblitane Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (contraceptive) (Errin Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (contraceptive) (Heather Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (contraceptive) (Incassia Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (contraceptive) (Jencycla Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (contraceptive) (Lyza Oral Tablet 0.35 Mg)	Tier 0	
NORA-BE ORAL TABLET 0.35 MG (norethindrone)	Tier 0	
norethindrone (contraceptive) oral tablet 0.35 mg	Tier 0	
norethindrone (contraceptive) (Norlyda Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (contraceptive) (Norlyroc Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (contraceptive) (Sharobel Oral Tablet 0.35 Mg)	Tier 0	
SLYND ORAL TABLET 4 MG (28) (drospirenone)	Tier 0	
norethindrone (contraceptive) (Tulana Oral Tablet 0.35 Mg)	Tier 0	
Contraceptive Oral - Quadraphasic - Birth Control Pills		
L norgest/e.estradiol-e.estrad (Fayosim Oral Tablets,Dose Pack,3 Month 0.15 Mg-20 Mcg/ 0.15 Mg-25 Mcg)	Tier 0	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (estradiol)	Tier 0	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (levonorgestrel-ethinyl estradiol)	Tier 0	
Contraceptive Oral - Triphasic - Birth Control Pills		
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG (norethindrone)	Tier 0	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG (norethindrone)	Tier 0	
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG (desogestrel)	Tier 0	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG (norethindrone)	Tier 0	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG (norethindrone)	Tier 0	
levonorg-eth estrad triphasic (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 0	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (norethindrone)	Tier 0	
levonorg-eth estrad triphasic (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 0	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	Tier 0	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG (norethindrone)	Tier 0	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG (norethindrone)	Tier 0	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone)	Tier 0	
norgestimate-ethinyl estradiol (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Previfem (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG (desogestrel)	Tier 0	
Contraceptive Transdermal Combinations - Birth Control Pills		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin)	Tier 0	QL (3 EA per 28 days)
Contraceptives - Intravaginal, Systemic - Birth Control Pills		
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel)	Tier 0	QL (1 EA per 28 days)
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (segesterone)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Emergency Contraceptives - Birth Control Pills		
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
ELLA ORAL TABLET 30 MG (ulipristal)	Tier 0	
levonorgestrel oral tablet 1.5 mg	Tier 0	
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (ulipristal)	Tier 0	
Emergency Contraceptives - Progestin Type - Birth Control Pills		
levonorgestrel oral tablet 1.5 mg	Tier 0	
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
Spermicides - Birth Control Pills		
GYNOL II VAGINAL GEL 3 % (nonoxynol 9)	Tier 0	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (nonoxynol 9)	Tier 0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 % (nonoxynol 9)	Tier 0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)	Tier 0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (nonoxynol 9)	Tier 0	
Dermatological - Drugs For The Skin		
Acne Therapy Systemic - Retinoids And Derivatives - Drugs For The Skin		
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
Acne Therapy Topical - Anti-Infective - Drugs For The Skin		
azelaic acid topical gel 15 %	Tier 1	ST: Prior prescription for topical Metronidazole in the past 120 days
clindamycin phosphate topical foam 1 %	Tier 1	
clindamycin phosphate topical gel 1 %	Tier 1	
clindamycin phosphate topical gel, once daily 1 %	Tier 1	
clindamycin phosphate topical lotion 1 %	Tier 1	
clindamycin phosphate topical solution 1 %	Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	Tier 1	
dapsone topical gel 5 %	Tier 1	
erythromycin with ethanol (Ery Pads Topical Swab 2 %)	Tier 1	
erythromycin with ethanol topical gel 2 %	Tier 1	
erythromycin with ethanol topical solution 2 %	Tier 1	QL (180 ML per 1 FILL)
erythromycin with ethanol topical swab 2 %	Tier 1	
metronidazole topical cream 0.75 %	Tier 1	
metronidazole topical lotion 0.75 %	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCARACLINPAK TOPICAL KIT,GEL AND LOTION 1 %-SPF 50 (clindamycin)	Tier 3	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations - Drugs For The Skin		
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide)	Tier 1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %	Tier 1	ST: Prior prescription for Clindamycin Phosphate/benzoyl Peroxide (non-pump) in the past 120 days
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 1	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 % (clindamycin)	Tier 3	
clindamycin-benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
NUCARARXPAK TOPICAL KIT,GEL AND LOTION 1 %-2.5 %- SPF 50 (clindamycin)	Tier 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (sulfacetamide)	Tier 1	
sulfact na-sul-avobnz-otn-ocsa topical combo pack,cleanser and cream 9 %-4.5 % -spf 25	Tier 1	
Acne Therapy Topical - Anti-Infective-Retinoid Combinations - Drugs For The Skin		
clindamycin-tretinoin topical gel 1.2-0.025 %	Tier 2	
Acne Therapy Topical - Keratolytic - Drugs For The Skin		
ACNE CONTROL CLEANSER TOPICAL CLEANSER 10 % (benzoyl peroxide)	Tier 1	
ACNE FOAMING WASH TOPICAL CLEANSER 10 % (benzoyl peroxide)	Tier 1	
ACNE MEDICATION TOPICAL GEL 10 %, 5 % (benzoyl peroxide)	Tier 1	
ACNE TREATMENT (BENZOYL PEROX) TOPICAL GEL 10 % (benzoyl peroxide)	Tier 1	
ACNE-CLEAR TOPICAL GEL 10 % (benzoyl peroxide)	Tier 1	
ADVANCED EXFOLIATING CLEANSER TOPICAL CLEANSER 5 % (benzoyl peroxide)	Tier 1	
BENZEPRO TOPICAL FOAM 5.3 %, 9.8 % (benzoyl peroxide)	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 % (benzoyl peroxide)	Tier 1	
benzoyl peroxide topical cleanser 10 %, 5 %	Tier 1	
benzoyl peroxide topical foam 5.3 %, 9.8 %	Tier 1	
benzoyl peroxide topical gel 10 %, 5 %	Tier 1	
BP FOAM TOPICAL FOAM 5.3 %, 9.8 % (benzoyl peroxide)	Tier 1	
BP TOPICAL GEL 10 %, 5 % (benzoyl peroxide)	Tier 1	
BPO TOPICAL GEL 4 %, 8 % (benzoyl peroxide)	Tier 1	
BPO TOPICAL TOWELETTE 6 % (benzoyl peroxide)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BPO-10 TOPICAL CLEANSER 10 % (benzoyl peroxide)	Tier 1	
BPO-5 TOPICAL CLEANSER 5 % (benzoyl peroxide)	Tier 1	
CLEAN-CLEAR CONTINUOUS CONTROL TOPICAL CLEANSER 10 % (benzoyl peroxide)	Tier 1	
DAYLOGIC ACNE FOAMING WASH TOPICAL CLEANSER 10 % (benzoyl peroxide)	Tier 1	
FOAMING ACNE FACE WASH TOPICAL CLEANSER 10 % (benzoyl peroxide)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (benzoyl peroxide)	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (benzoyl peroxide)	Tier 3	
PANOXYL TOPICAL CLEANSER 10 % (benzoyl peroxide)	Tier 1	
PERSA-GEL TOPICAL GEL 10 % (benzoyl peroxide)	Tier 1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (benzoyl peroxide)	Tier 1	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs For The Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (benzoyl peroxide)	Tier 3	
Acne Therapy Topical - Retinoid Combinations Other - Drugs For The Skin		
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	Tier 1	ST: Prior prescription for Adapalene 0.1% gel in the past 120 days; Age (Max 25 Years)
Acne Therapy Topical - Retinoids And Derivatives - Drugs For The Skin		
adapalene topical cream 0.1 %	Tier 1	Age (Max 25 Years)
adapalene topical gel 0.1 %, 0.3 %	Tier 1	Age (Max 25 Years)
adapalene topical gel with pump 0.3 %	Tier 1	Age (Max 25 Years)
adapalene topical lotion 0.1 %	Tier 1	Age (Max 25 Years)
adapalene topical solution 0.1 %	Tier 2	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	Age (Max 25 Years)
tretinoin microspheres topical gel 0.04 %, 0.1 %	Tier 2	Age (Max 25 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	Tier 1	ST: Prior prescription for Tretinoin cream (non-pump) in the past 120 days; Age (Max 25 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 1	Age (Max 25 Years)
tretinoin topical gel 0.01 %, 0.025 %	Tier 1	Age (Max 25 Years)
tretinoin topical gel 0.05 %	Tier 2	Age (Max 25 Years)
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs For The Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (halobetasol)	Tier 3	ST: Prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in the past 365 days
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs For The Skin		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
TACLONEX TOPICAL SUSPENSION 0.005-0.064 % (calcipotriene)	Tier 2	ST: Prior prescription for Betamethasone Dipropionate, Betamethasone Valerate, Calcipotriene/betamethasone, Clobetasol Propionate, Fluocinolone Acetonide, Fluocinonide, or Triamcinolone Acetonide in the past 120 days
Antipsoriatic Agents - Interleukin 12 And Il-23 Inhibitors,Mc Antibody - Drugs For The Skin		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	Tier 2	PA; SP
Antipsoriatic Agents - Interleukin-23 (Il-23) Antagonist, Mc Antibody - Drugs For The Skin		
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML (tildrakizumab-asmn)	Tier 3	PA
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML (risankizumab-rzaa)	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) (risankizumab-rzaa)	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (guselkumab)	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (guselkumab)	Tier 2	PA; SP
Antipsoriatic Agents-Interleukin-17 (Il-17) Antagonist, Mc Antibody - Drugs For The Skin		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)	Tier 2	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 2	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 2	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)	Tier 2	PA; SP
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (brodalumab)	Tier 3	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 3	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 3	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 3	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (ixekizumab)	Tier 3	PA; SP
Dermatitis Or Eczema Agents, Systemic-Interleukin-4 (Il-4Ra) Antag.Mab - Drugs For The Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML (dupilumab)	Tier 2	PA; SP
Dermatitis Or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs For The Skin		
EUCRISA TOPICAL OINTMENT 2 % (crisaborole)	Tier 3	ST: Prior prescription for Pimecrolimus or a Topical Anti-inflammatory Steroidal in the past 365 days
Dermatological - Antibacterial Aminoglycosides - Drugs For The Skin		
gentamicin topical cream 0.1 %	Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %	Tier 1	
Dermatological - Antibacterial And Antifungal Agents - Drugs For The Skin		
QUINJA TOPICAL GEL 1.25-1 % (iodoquinol)	Tier 3	
Dermatological - Antibacterial Mixtures - Drugs For The Skin		
bacitracin-polymyxin b topical ointment 500-10,000 unit/gram	Tier 1	
DOUBLE ANTIBIOTIC TOPICAL OINTMENT 500-10,000 UNIT/GRAM (bacitracin)	Tier 1	
Dermatological - Antibacterial Other - Drugs For The Skin		
mupirocin calcium topical cream 2 %	Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 % (silver)	Tier 3	
silver nitrate topical solution 0.5 %	Tier 1	
silver nitrate topical solution 10 %, 25 %, 50 %	Tier 1	
Dermatological - Antibacterial Sulfonamides - Drugs For The Skin		
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	Tier 1	
Dermatological - Antibacterial,Antifungal Agent With Glucocorticoid - Drugs For The Skin		
ALA-QUIN TOPICAL CREAM 3-0.5 % (clioquinol)	Tier 3	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs For The Skin		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (neomycin)	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq in the past 365 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (neomycin)	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq in the past 365 days
Dermatological - Antibacterial-Local Anesthetic Combinations - Drugs For The Skin		
TRIPLE ANTIBIOTIC PLUS TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (neomycin)	Tier 1	
Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs For The Skin		
QBREXZA TOPICAL TOWELETTE 2.4 % (glycopyrronium)	Tier 3	
Dermatological - Antifungal Allylamines - Drugs For The Skin		
naftifine topical cream 1 %	Tier 2	
naftifine topical cream 2 %	Tier 2	QL (180 GM per 1 FILL)
naftifine topical gel 1 %	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs For The Skin		
nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
nystatin topical cream 100,000 unit/gram	Tier 1	
nystatin topical ointment 100,000 unit/gram	Tier 1	
nystatin topical powder 100,000 unit/gram	Tier 1	
nystatin (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Hydroxypyridinone - Drugs For The Skin		
ciclopirox topical cream 0.77 %	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ciclopirox topical shampoo 1 %	Tier 2	
ciclopirox topical solution 8 %	Tier 1	QL (19.8 ML per 1 day)
ciclopirox topical suspension 0.77 %	Tier 1	QL (180 ML per 1 FILL)
Dermatological - Antifungal Imidazole And Related Agents - Drugs For The Skin		
ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 % (clotrimazole)	Tier 1	
ANTIFUNGAL RINGWORM TOPICAL CREAM 1 % (clotrimazole)	Tier 1	
ATHLETE'S FOOT (CLOTRIMAZOLE) TOPICAL CREAM 1 % (clotrimazole)	Tier 1	
ATHLETIC FOOT CREAM TOPICAL CREAM 1 % (clotrimazole)	Tier 1	
CLOTRIMAZOLE AF TOPICAL CREAM 1 % (clotrimazole)	Tier 1	
clotrimazole topical cream 1 %	Tier 1	
clotrimazole topical solution 1 %	Tier 1	
econazole topical cream 1 %	Tier 2	QL (170 GM per 1 FILL)
ERTACZO TOPICAL CREAM 2 % (sertaconazole)	Tier 3	ST: Prior prescription for Ciclopirox Olamine, Ciclopirox, Econazole Nitrate, Ketoconazole, Naftifine HCL, or Oxiconazole Nitrate in the past 120 days
ITCH RELIEF (CLOTRIMAZOLE) TOPICAL CREAM 1 % (clotrimazole)	Tier 1	
JOCK ITCH (CLOTRIMAZOLE) TOPICAL CREAM 1 % (clotrimazole)	Tier 1	
ketoconazole topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical foam 2 %	Tier 2	
ketoconazole topical shampoo 2 %	Tier 1	
luliconazole topical cream 1 %	Tier 1	QL (60 GM per 28 days)
oxiconazole topical cream 1 %	Tier 2	
OXISTAT TOPICAL LOTION 1 % (oxiconazole)	Tier 3	
RINGWORM TOPICAL CREAM 1 % (clotrimazole)	Tier 1	
Dermatological - Antifungal Mixtures - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIPLE DYE TOPICAL SWAB 2.29-2.29-1.14 MG/ML (gentian violet)	Tier 1	
Dermatological - Antifungal Oxaborole - Drugs For The Skin		
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 % (tavaborole)	Tier 3	PA
Dermatological - Antifungal Triazole - Drugs For The Skin		
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % (efinaconazole)	Tier 3	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs For The Skin		
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %	Tier 1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 % (clotrimazole)	Tier 3	
DERMAZENE TOPICAL CREAM 1-1 % (hydrocortisone)	Tier 1	
hydrocortisone-iodoquinol topical cream 1-1 %	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 2	
Dermatological - Antineoplastic Alkylating Agents - Drugs For The Skin		
VALCHLOR TOPICAL GEL 0.016 % (mechlorethamine)	Tier 2	PA; SP
Dermatological - Antineoplastic Antimetabolites - Drugs For The Skin		
fluorouracil topical cream 0.5 %	Tier 1	PA
fluorouracil topical cream 5 %	Tier 1	
fluorouracil topical solution 2 %, 5 %	Tier 1	
Dermatological - Antineoplastic Or Premalig. Lesions -Diterpene Esters - Drugs For The Skin		
PICATO TOPICAL GEL 0.015 % (ingenol mebutate)	Tier 2	QL (3 EA per 28 days)
PICATO TOPICAL GEL 0.05 % (ingenol mebutate)	Tier 2	QL (2 EA per 28 days)
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's - Drugs For The Skin		
diclofenac sodium topical gel 3 %	Tier 1	ST: Prior prescription for generic Diclofenac 1% gel in the past 120 days; QL (100 GM per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antineoplastic Retinoids - Drugs For The Skin		
PANRETIN TOPICAL GEL 0.1 % (alitretinoin)	Tier 3	
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs For The Skin		
TARGRETIN TOPICAL GEL 1 % (bexarotene)	Tier 2	PA
Dermatological - Antiperspirants - Drugs For The Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum)	Tier 3	
DRYSOL TOPICAL SOLUTION 20 % (aluminum)	Tier 3	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs For The Skin		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs For The Skin		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 1	
Dermatological - Antipsoriatic Agents Topical - Drugs For The Skin		
calcipotriene scalp solution 0.005 %	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
calcipotriene topical cream 0.005 %	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
calcipotriene topical ointment 0.005 %	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
calcipotriene (Calcitrene Topical Ointment 0.005 %)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
calcitriol topical ointment 3 mcg/gram	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRITHOCREME HP TOPICAL CREAM 1 % (anthralin)	Tier 2	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 3	ST: Prior prescription for Calcipotriene, Calcipotriene/betamethasone, or Calcitriol in the past 120 days
tazarotene topical cream 0.1 %	Tier 1	
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	Tier 2	ST: Prior prescription for generic Tazarotene cream in the past 120 days
TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene)	Tier 2	ST: Prior prescription for generic Tazarotene cream in the past 120 days
ZITHRANOL TOPICAL SHAMPOO 1 % (anthralin)	Tier 3	
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs For The Skin		
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (apremilast)	Tier 2	PA; SP
Dermatological - Antiseborrheic - Drugs For The Skin		
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 % (hydrogen peroxide)	Tier 3	
selenium sulfide topical lotion 2.5 %	Tier 1	
selenium sulfide topical shampoo 2.25 %	Tier 2	
sulfacetamide sodium topical cleanser 10 %	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	Tier 1	
Dermatological - Antiviral, Herpes - Drugs For The Skin		
acyclovir topical ointment 5 %	Tier 2	
Dermatological - Burn Products Anti-Infective - Drugs For The Skin		
mafenide acetate topical packet 50 gram	Tier 1	
silver sulfadiazine topical cream 1 %	Tier 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULFAMYLON TOPICAL CREAM 85 MG/G (mafenide)	Tier 2	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide)	Tier 2	
Dermatological - Calcineurin Inhibitors - Drugs For The Skin		
pimecrolimus topical cream 1 %	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 1	
Dermatological - Emollients - Drugs For The Skin		
urea topical cream 39 %	Tier 1	
Dermatological - Enzymes - Drugs For The Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (collagenase Clostridium histolyticum)	Tier 2	
Dermatological - Glucocorticoid - Drugs For The Skin		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % (hydrocortisone)	Tier 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 1	
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	
amcinonide topical cream 0.1 %	Tier 2	ST: At least 2 prior prescriptions for Betamethasone Dipropionate, Betamethasone Valerate, Clobetasol Propionate, Fluocinonide, Halobetasol Propionate, Mometasone Furoate, or Triamcinolone Acetonide in the past 365 days
amcinonide topical lotion 0.1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amcinonide topical ointment 0.1 %	Tier 2	ST: At least 2 prior prescriptions for Betamethasone Dipropionate, Betamethasone Valerate, Clobetasol Propionate, Fluocinonide, Halobetasol Propionate, Mometasone Furoate, or Triamcinolone Acetonide in the past 365 days
ANTI-ITCH (HC) TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
ANTI-ITCH (HC) TOPICAL OINTMENT 1 % (hydrocortisone)	Tier 1	
betamethasone dipropionate topical cream 0.05 %	Tier 1	
betamethasone dipropionate topical lotion 0.05 %	Tier 1	
betamethasone dipropionate topical ointment 0.05 %	Tier 1	
betamethasone valerate topical cream 0.1 %	Tier 1	
betamethasone valerate topical foam 0.12 %	Tier 1	
betamethasone valerate topical lotion 0.1 %	Tier 1	
betamethasone valerate topical ointment 0.1 %	Tier 1	
betamethasone, augmented topical cream 0.05 %	Tier 1	
betamethasone, augmented topical gel 0.05 %	Tier 1	
betamethasone, augmented topical lotion 0.05 %	Tier 1	
betamethasone, augmented topical ointment 0.05 %	Tier 1	
clobetasol scalp solution 0.05 %	Tier 1	
clobetasol topical cream 0.05 %	Tier 1	
clobetasol topical foam 0.05 %	Tier 1	
clobetasol topical gel 0.05 %	Tier 1	
clobetasol topical lotion 0.05 %	Tier 1	
clobetasol topical ointment 0.05 %	Tier 1	
clobetasol topical shampoo 0.05 %	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	Tier 1	
clobetasol-emollient topical cream 0.05 %	Tier 1	
clobetasol-emollient topical foam 0.05 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clocortolone pivalate topical cream 0.1 %	Tier 2	
clobetasol (Cormax Scalp Solution 0.05 %)	Tier 1	
CORTAID TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
CORTISONE (HYDROCORTISONE) TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
CORTIZONE-10 PLUS TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
CORTIZONE-10 TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
CORTIZONE-10 TOPICAL OINTMENT 1 % (hydrocortisone)	Tier 1	
desonide topical cream 0.05 %	Tier 2	
desonide topical lotion 0.05 %	Tier 2	
desonide topical ointment 0.05 %	Tier 2	
desoximetasone topical cream 0.05 %	Tier 2	
desoximetasone topical cream 0.25 %	Tier 1	
desoximetasone topical gel 0.05 %	Tier 2	
desoximetasone topical ointment 0.05 %	Tier 2	
desoximetasone topical ointment 0.25 %	Tier 1	
ECZEMA ANTI-ITCH TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
fluocinolone and shower cap scalp oil 0.01 %	Tier 1	
fluocinolone topical cream 0.01 %, 0.025 %	Tier 1	
fluocinolone topical oil 0.01 %	Tier 1	
fluocinolone topical ointment 0.025 %	Tier 1	
fluocinolone topical solution 0.01 %	Tier 1	
fluocinonide topical cream 0.05 %	Tier 1	
fluocinonide topical cream 0.1 %	Tier 2	
fluocinonide topical gel 0.05 %	Tier 1	
fluocinonide topical ointment 0.05 %	Tier 1	
fluocinonide topical solution 0.05 %	Tier 1	
fluocinonide-emollient (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
fluocinonide-emollient topical cream 0.05 %	Tier 1	
flurandrenolide topical cream 0.05 %	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flurandrenolide topical lotion 0.05 %	Tier 1	
flurandrenolide topical ointment 0.05 %	Tier 1	
fluticasone propionate topical cream 0.05 %	Tier 1	
fluticasone propionate topical lotion 0.05 %	Tier 1	
fluticasone propionate topical ointment 0.005 %	Tier 1	
halcinonide topical cream 0.1 %	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
HALOG TOPICAL CREAM 0.1 % (halcinonide)	Tier 3	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
HALOG TOPICAL OINTMENT 0.1 % (halcinonide)	Tier 3	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
hydrocortisone butyrate topical cream 0.1 %	Tier 2	
hydrocortisone butyrate topical lotion 0.1 %	Tier 1	
hydrocortisone butyrate topical ointment 0.1 %	Tier 1	
hydrocortisone butyrate topical solution 0.1 %	Tier 1	
hydrocortisone butyr-emollient topical cream 0.1 %	Tier 2	
hydrocortisone topical cream 1 %, 2.5 %	Tier 1	
hydrocortisone topical cream in packet 1 %	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone topical lotion 2.5 %	Tier 1	
hydrocortisone topical ointment 1 %, 2.5 %	Tier 1	
hydrocortisone valerate topical cream 0.2 %	Tier 1	
hydrocortisone valerate topical ointment 0.2 %	Tier 2	
HYDROCREAM TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
mometasone topical cream 0.1 %	Tier 1	
mometasone topical ointment 0.1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mometasone topical solution 0.1 %	Tier 1	
NOBLE FORMULA HC TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
prednicarbate topical cream 0.1 %	Tier 1	
prednicarbate topical ointment 0.1 %	Tier 1	
PREPARATION H HYDROCORTISONE TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (hydrocortisone)	Tier 3	
SOOTHING CARE (HYDROCORTISONE) TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
triamcinolone acetonide topical aerosol 0.147 mg/gram	Tier 2	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.1 %, 0.5 %)	Tier 1	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs For The Skin		
CORTISONE WITH ALOE TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
DERMASORB TA COMPLETE KIT TOPICAL CREAM 0.1 % (triamcinolone)	Tier 3	
hydrocortisone-aloe vera topical cream 1 %	Tier 1	
NUCORT TOPICAL LOTION 2 % (hydrocortisone)	Tier 3	
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs For The Skin		
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	Tier 1	
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs For The Skin		
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 % (hydrocortisone)	Tier 3	
DERMASORB HC COMPLETE KIT TOPICAL COMBO PACK,CLEANSER AND LOTION 2 % (hydrocortisone)	Tier 3	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs For The Skin		
imiquimod topical cream in packet 5 %	Tier 1	QL (24 EA per 30 days)
Dermatological - Immunomodulator - Interferons - Drugs For The Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (interferon alfa-n3)	Tier 2	SP
Dermatological - Keratolytic-Antimitotic Combinations - Drugs For The Skin		
silver nitrate applicators topical stick 75-25 %	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs For The Skin		
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
podofilox topical solution 0.5 %	Tier 1	
salicylic acid er-ceramides topical kit,cleanser and cream er 6 %	Tier 2	
salicylic acid topical cream 6 %	Tier 1	
salicylic acid topical cream,extended release 6 %	Tier 1	
salicylic acid topical film forming liquid w/appl 27.5 %	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	Tier 1	
salicylic acid topical foam 6 %	Tier 1	
salicylic acid topical gel 6 %	Tier 1	
salicylic acid topical liquid 26 %	Tier 1	
salicylic acid topical lotion 6 %	Tier 1	
salicylic acid topical lotion,extended release 6 %	Tier 1	
salicylic acid topical shampoo 6 %	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (salicylic acid)	Tier 3	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 3	
UMECTA TOPICAL FOAM 40 % (urea)	Tier 1	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
urea topical cream 40 %, 45 %, 47 %, 50 %	Tier 1	
urea topical foam 35 %	Tier 1	
urea topical gel 45 %	Tier 1	
urea topical lotion 40 %	Tier 1	
Dermatological - Local Anesthetic Combinations - Drugs For The Skin		
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % (tetracaine)	Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (tetracaine)	Tier 3	
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1	
Dermatological - Local Anesthetic Gas Single Agents - Drugs For The Skin		
ethyl chloride topical aerosol,spray 100 %	Tier 1	
Dermatological - Nsaid Single Agents - Drugs For The Skin		
diclofenac epolamine transdermal patch 12 hour 1.3 %	Tier 1	
diclofenac sodium topical drops 1.5 %	Tier 1	
diclofenac sodium topical gel 1 %	Tier 1	
DICLOFONO TOPICAL GEL IN PACKET 1.6 % (diclofenac)	Tier 3	ST: Prior prescription for Diclofenac 1% gel in the past 120 days
FROTEK TOPICAL CREAM IN PACKET 10 % (ketoprofen)	Tier 3	ST: Prior prescription for Diclofenac 1% gel in the past 120 days
Dermatological - Photodynamic Therapy Agents Topical - Drugs For The Skin		
AMELUZ TOPICAL GEL 10 % (aminolevulinic acid HCl)	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % (aminolevulinic acid HCl)	Tier 3	
Dermatological - Rosacea Therapy, Systemic - Drugs For The Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 50mg capsules in the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
Dermatological - Rosacea Therapy, Topical - Drugs For The Skin		
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide)	Tier 1	
metronidazole topical gel 0.75 %	Tier 1	
metronidazole topical gel 1 %	Tier 2	
metronidazole topical gel with pump 1 %	Tier 2	
MIRVASO TOPICAL GEL 0.33 % (brimonidine)	Tier 2	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (brimonidine)	Tier 2	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
sulfact na-sul-avobnz-otn-ocsa topical combo pack,cleanser and cream 9 %-4.5 % -spf 25	Tier 1	
Dermatological - Soap And/Or Cleanser Combinations - Drugs For The Skin		
SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER (skin cleanser)	Tier 3	
Dermatological - Topical Local Anesthetic Amides - Drugs For The Skin		
lidocaine HCl (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (lidocaine)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine)	Tier 1	
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 1	
lidocaine hcl topical cream 3 %	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 % (lidocaine)	Tier 3	ST: Prior prescription for Lidocaine 3% cream or Lidocaine 5% ointment in the past 120 days
VEXASYN TOPICAL GEL 2 %-1 % -1.2 % (lidocaine)	Tier 3	ST: Prior prescription for Lidocaine 3% cream or Lidocaine 5% ointment in the past 120 days
Dermatological - Topical Local Anesthetic Esters - Drugs For The Skin		
ANACAINE TOPICAL OINTMENT 10 % (benzocaine)	Tier 3	
PONTOCAINE TOPICAL SOLUTION 2 % (tetracaine)	Tier 3	
Dermatological Antipruritics Other - Drugs For The Skin		
LEVICYN ANTIPRURITIC TOPICAL GEL (sodium magnesium fluorosilicate)	Tier 3	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs For The Skin		
methyl salicylate oil	Tier 1	
methyl salicylate topical liquid	Tier 1	
WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
Scabicide And Pediculicide Single Agents - Drugs For The Skin		
CROTAN TOPICAL LOTION 10 % (crotamiton)	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
EURAX TOPICAL CREAM 10 % (crotamiton)	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
EURAX TOPICAL LOTION 10 % (crotamiton)	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
lindane topical shampoo 1 %	Tier 1	
malathion topical lotion 0.5 %	Tier 1	
permethrin topical cream 5 %	Tier 1	
SKLICE TOPICAL LOTION 0.5 % (ivermectin)	Tier 3	
spinosad topical suspension 0.9 %	Tier 1	
ULESFIA TOPICAL LOTION 5 % (benzyl alcohol)	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Wound Care - Cleanser Combinations - Drugs For The Skin		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY,NON-AEROSOL 0.003-0.004 % (hypochlorous acid)	Tier 3	
LEVICYN DERMAL TOPICAL SPRAY,NON-AEROSOL 0.009 % (hypochlorous acid)	Tier 3	
MICROCYN TOPICAL SPRAY,NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid)	Tier 3	
Wound Care - Growth Factor Agents - Drugs For The Skin		
REGRANEX TOPICAL GEL 0.01 % (becaplermin)	Tier 2	
Wound Care Combinations Other - Drugs For The Skin		
LEVICYN ANTIPRURITIC TOPICAL GEL (sodium magnesium fluorosilicate)	Tier 3	
Diagnostic Agents		
Diagnostic Drugs - Thyroid Function		
THYROGEN INTRAMUSCULAR RECON SOLN 1.1 MG (thyrotropin)	Tier 2	PA; SP
Eating Disorder Therapy - Drugs For Eating Disorders		
Appetite Stimulants - Cannabinoids - Drugs For Eating Disorders		
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 3	ST: Prior prescription for Dronabinol in the past 120 days; QL (60 ML per 30 days)
Appetite Stimulants - Progestin Hormone Type - Drugs For Eating Disorders		
megestrol oral suspension 400 mg/10 ml (10 ml)	Tier 1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	Tier 1	
Electrolyte Balance-Nutritional Products - Drugs For Nutrition		
B-Complex Vitamins - Drugs For Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine (vitamin B1))	Tier 1	
Dietary Product - Dietary Supplements - Drugs For Nutrition		
ENSURE PUDDING ORAL PUDDING (nutritional supplement,special formulas)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOGEN ORAL POWDER (nutritional supplement,special formulas)	Tier 1	
Dietary Product - Infant Formulas - Drugs For Nutrition		
SIMILAC TOTAL COMFORT ORAL LIQUID 2.32-5.4 GRAM/100 KCAL (infant formula with iron)	Tier 2	
Electrolyte Depleters - Ion Exchange Resin - Drugs For Nutrition		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (cyclosilicate)	Tier 3	PA
sodium polystyrene sulfonate oral powder	Tier 1	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	Tier 1	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	Tier 1	
sodium polystyrene sulfonate rectal enema 50 gram/200 ml	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML (polystyrene sulfonate)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (polystyrene sulfonate)	Tier 2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (patiromer)	Tier 2	PA; QL (1 EA per 1 day)
Minerals And Electrolytes - Bicarbonate Producing Or Containing Agents - Drugs For Nutrition		
sodium acetate intravenous solution 4 meq/ml	Tier 1	
sodium bicarbonate in d5w intravenous solution 150 meq/1,000 ml, 150 meq/1,150 ml	Tier 1	
tromethamine in sterile water intravenous syringe 1.8 gram/50 ml (0.3 molar)	Tier 1	
Minerals And Electrolytes - Calcium Replacement - Drugs For Nutrition		
calcium acetate oral tablet 667 mg	Tier 1	
calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml	Tier 1	
calcium gluconate in 0.9% nacl intravenous solution 1 gram/60 ml, 2 gram/120 ml, 2 gram/70 ml	Tier 1	
calcium gluconate in d5w intravenous solution 1 gram/110 ml, 1 gram/60 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium gluconate in water intravenous syringe 1 gram/10 ml (100 mg/ml)	Tier 1	
Minerals And Electrolytes - Calcium Replacement Combinations - Drugs For Nutrition		
CALCIUM-FOLIC ACID-VITAMIN D ORAL WAFER 500-50-300-1 MG-MG-UNIT-MG (calcium)	Tier 1	
Minerals And Electrolytes - Iodine - Drugs For Nutrition		
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML (sodium iodide)	Tier 1	
LUGOLS ORAL SOLUTION 5 % (potassium iodide)	Tier 3	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (potassium iodide)	Tier 1	
Minerals And Electrolytes - Iron - Drugs For Nutrition		
AURYXIA ORAL TABLET 210 MG IRON (ferric salts)	Tier 3	QL (12 EA per 1 day)
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML (iron)	Tier 0	Age (Max 1 Years)
FE C PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG (iron)	Tier 1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML) (ferumoxytol)	Tier 3	
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	Tier 0	Age (Max 1 Years)
INFED INJECTION SOLUTION 50 MG/ML (iron)	Tier 3	
IRON 100 PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG (iron)	Tier 1	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (iron)	Tier 0	Age (Max 1 Years)
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML (iron)	Tier 3	
Minerals And Electrolytes - Iron Combinations - Drugs For Nutrition		
CORVITA 150 ORAL TABLET 150-1.25-120-10 MG (iron)	Tier 1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (prenatal vitamins no.123)	Tier 2	
FEROCON ORAL CAPSULE 110-0.5 MG (iron)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRAPLUS 90 ORAL TABLET 90-1-12-120-50 MG-MG-MCG-MG-MG (iron)	Tier 1	
FERREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG (iron)	Tier 1	
FERREX 150 FORTE PLUS ORAL CAPSULE 150-60-25-1 MG-MG-MCG-MG (iron)	Tier 1	
FERREX 28 ORAL TABLET 151-200-1-0.8 MG (iron)	Tier 1	
FERROCITE PLUS ORAL TABLET 106 MG IRON- 1 MG (iron)	Tier 1	
FOLITAB ORAL TABLET EXTENDED RELEASE 105 MG IRON- 500 MG-800 MCG (iron)	Tier 1	
FOLIVANE-F ORAL CAPSULE 125-1-40-3 MG (iron)	Tier 1	
FOLIVANE-PLUS ORAL CAPSULE 125 MG IRON- 1 MG (iron)	Tier 1	
HEMATINIC PLUS VIT/MINERALS ORAL TABLET 106 MG IRON- 1 MG (iron)	Tier 1	
HEMATINIC/FOLIC ACID ORAL TABLET 324 MG (106 MG IRON)-1 MG (iron)	Tier 1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (iron)	Tier 1	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (iron)	Tier 1	
HEMATOGEN ORAL CAPSULE 200 (66)-10-250 MG-MG-MCG-MG (iron)	Tier 1	
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG (iron)	Tier 1	
MULTIGEN FOLIC ORAL TABLET 70-150-10-1-2 MG-MG-MCG-MG-MG (iron)	Tier 1	
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG (iron)	Tier 1	
MYFERON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG (iron)	Tier 1	
NUFERA ORAL TABLET 125 MG-1 MG-170 MG-1,000 UNIT (iron)	Tier 1	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (prenatal vitamins no.123)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLY-IRON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG (iron)	Tier 1	
TARON FORTE ORAL CAPSULE 150-60-25-1 MG-MG-MCG-MG (iron)	Tier 1	
TRICON ORAL CAPSULE 110-0.5 MG (iron)	Tier 1	
TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01-1 MG (iron)	Tier 1	
VITAFOL ORAL TABLET 65-1 MG (iron)	Tier 1	
Minerals And Electrolytes - Phosphate - Drugs For Nutrition		
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML (glycerophosphoric acid)	Tier 1	
PHOSPHOROUS ORAL TABLET 250 MG (sodium phosphate)	Tier 1	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate)	Tier 1	
sodium phosphate in 0.9 % nacl intravenous solution 30 mmol/250 ml	Tier 1	
sodium phosphate in d5w intravenous solution 15 mmol/250 ml	Tier 1	
VIRT-PHOS 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate)	Tier 1	
Minerals And Electrolytes - Potassium For Injection - Drugs For Nutrition		
potassium acetate intravenous solution 2 meq/ml	Tier 1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	Tier 1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	Tier 1	
potassium chloride in 0.9%nacl intravenous syringe 20 meq/20 ml (1 meq/ml)	Tier 1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	Tier 1	
potassium chloride in water intravenous syringe 10 meq/5 ml (2 meq/ml)	Tier 1	
potassium chloride intravenous solution 2 meq/ml	Tier 1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	Tier 1	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	Tier 1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	Tier 1	
potassium cl-lido-0.9 % nacl intravenous piggyback 10 meq-10 mg /100 ml	Tier 1	
Minerals And Electrolytes - Potassium, Oral - Drugs For Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarbonate)	Tier 1	
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ (potassium)	Tier 1	
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
potassium chloride (Klor-Con Sprinkle Oral Capsule, Extended Release 8 Meq)	Tier 1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1	
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	Tier 1	
Minerals And Electrolytes - Zinc - Drugs For Nutrition		
zinc sulfate intravenous solution 1 mg/ml, 5 mg/ml	Tier 1	
zinc sulfate oral capsule 220 (50) mg	Tier 1	
ZINC-220 ORAL CAPSULE 220 (50) MG (zinc)	Tier 1	
Multivitamin And Mineral Combinations - Drugs For Nutrition		
THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG (multivitamin with minerals combination no.59)	Tier 1	
Multivitamins - Drugs For Nutrition		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFUVITE ADULT (VIAL 1) INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/5 ML (mvi, adult no.4 with vitamin K, component 1 of 2)	Tier 3	
INFUVITE ADULT (VIAL 2) INTRAVENOUS SOLUTION 600 MCG-60 MCG- 5 MCG/5 ML (mvi, adult no.4 with vitamin K, component 2 of 2)	Tier 3	
M.V.I. ADULT (VIAL 1) INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/5 ML (mvi, adult no.1 with vitamin K, component 1 of 2)	Tier 3	
M.V.I. ADULT (VIAL 2) INTRAVENOUS SOLUTION 600 MCG-60 MCG- 5 MCG/5 ML (mvi, adult no.1 with vitamin K, component 2 of 2)	Tier 3	
M.V.I. ADULT INTRAVENOUS SOLUTION 3,300 UNIT-150 MCG/10 ML (multivitamin infusion, adult no.1 with vitamin K)	Tier 2	
M.V.I.-12 (WITHOUT VITAMIN K) INTRAVENOUS SOLUTION 3,300 UNIT-200 UNIT/10 ML (multivitamin infusion, adult no.2 without vit K)	Tier 2	
SE-TAN PLUS ORAL CAPSULE 162-115.2-1 MG (ferrous fumarate-iron polysaccharide complex no.1)	Tier 1	
Parenteral Nutrition - Intravenous Fat Emulsions - Drugs For Nutrition		
CLINOLIPID INTRAVENOUS EMULSION 20 % (fat emulsions)	Tier 3	
Pediatric Vitamins - Drugs For Nutrition		
INFUVITE PEDIATRIC (VIAL 1) INTRAVENOUS SOLUTION 400 UNIT-200 MCG/4 ML (multivitamin infusion, pedi no.1 component 1 of 2)	Tier 3	
INFUVITE PEDIATRIC (VIAL 2) INTRAVENOUS SOLUTION 140-20-1 MCG/ML (multivitamin infusion, pedi no.1 component 2 of 2)	Tier 3	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML (multivitamin infusion, pedi no.1 with vitamin K)	Tier 2	
M.V.I. PEDIATRIC INTRAVENOUS RECON SOLN 80-400-200 MG-UNIT-MCG (multivitamin infusion, pedi no.2 with vitamin K)	Tier 2	
Prenatal Vitamins And Minerals - Drugs For Nutrition		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (prenatal vitamins with calcium no.81)	Tier 1	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (prenatal vitamins no.72)	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (prenatal vitamins no.59)	Tier 3	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11)	Tier 1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250 MG (prenatal vitamins with calcium no.2)	Tier 2	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.14)	Tier 1	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG (prenatal vitamins with calcium no.106)	Tier 3	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (prenatal vitamins no.123)	Tier 2	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (prenatal vitamins no.15)	Tier 1	
HEMENATAL OB ORAL TABLET 28-6-1 MG (prenatal vitamins no.21)	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins with calcium no.72)	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (prenatal vitamins with calcium no.15)	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (prenatal vitamins with calcium)	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG (prenatal vitamins with calcium)	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium)	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium)	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (prenatal vitamins with calcium)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenatal vitamins no.111)	Tier 3	
NEWGEN ORAL TABLET 32-1,000 MG-MCG (prenatal vitamins with calcium no.86)	Tier 1	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (prenatal vitamins no.123)	Tier 2	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG (prenatal vitamins no.56)	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (prenatal vitamins no.12)	Tier 1	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins with calcium no.76)	Tier 1	
PNV OB+DHA ORAL COMBO PACK 27-1-50-250 MG (prenatal vitamins with calcium no.22)	Tier 2	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (prenatal vitamins with calcium no.66)	Tier 1	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (prenatal vitamins with calcium no.47)	Tier 1	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (prenatal vitamins with calcium no.68)	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG (prenatal vitamins with calcium no.40)	Tier 1	
PNV-VP-U ORAL CAPSULE 106.5-1 MG (prenatal vitamins no.5)	Tier 1	
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG (prenatal vitamins with calcium no.19)	Tier 1	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (prenatal vitamins with calcium no.53)	Tier 1	
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG (prenatal vitamins with calcium no.55)	Tier 1	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG - 430 MG (prenatal vitamins with calcium no.54)	Tier 1	
PRENA1 CHEW ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG (prenatal vitamins no.42)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENA1 PEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG (prenatal vitamins no.71)	Tier 1	
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG (prenatal vitamins no.105)	Tier 1	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (prenatal vitamins with calcium no.80)	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (prenatal vitamins with calcium no.69)	Tier 1	
PRENATABS FA ORAL TABLET 29-1 MG (prenatal vitamins with calcium no.78)	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins with calcium no.76)	Tier 1	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins with calcium no.115)	Tier 1	
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins with calcium no.74)	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins with calcium no.72)	Tier 0	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins with calcium no.72)	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins with calcium no.72)	Tier 1	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (prenatal vitamins no.5)	Tier 1	
PRENATE AM ORAL TABLET 1-500 MG (prenatal vitamins with calcium no.114)	Tier 3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG (prenatal vitamins with calcium no.112)	Tier 3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG (prenatal vitamins no.78)	Tier 3	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (prenatal vitamins no.38)	Tier 3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.114)	Tier 3	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (prenatal vitamins no.36)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG (prenatal vitamins no.68)	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (prenatal vitamins no.35)	Tier 3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG (prenatal vitamins no.84)	Tier 3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG (prenatal vitamins no.87)	Tier 3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG (prenatal vitamins no.85)	Tier 3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG (prenatal vitamins no.69)	Tier 3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.77)	Tier 3	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins with calcium no.72)	Tier 1	
PRETAB ORAL TABLET 29-1 MG (prenatal vitamins with calcium no.78)	Tier 1	
PRIMACARE ORAL CAPSULE 30-1-300 MG (prenatal vitamins no.118)	Tier 3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (prenatal vitamins no.33)	Tier 3	
SE-NATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (prenatal vitamins with calcium no.119)	Tier 1	
SE-NATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins with calcium no.118)	Tier 1	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (prenatal vitamins no.16)	Tier 1	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (prenatal vitamins with calcium no.39)	Tier 1	
THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG (multivitamin with minerals combination no.59)	Tier 1	
TRINATE ORAL TABLET 28 MG IRON- 1 MG (prenatal vitamins with calcium no.73)	Tier 1	
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG (prenatal vitamins with calcium no.53)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIVEEN-PRX RNF ORAL CAPSULE 26-1.2-55-300 MG (prenatal vitamins with calcium no.66)	Tier 1	
TRUST NATAL DHA ORAL COMBO PACK 29-1-250 MG (prenatal vitamins with calcium no.2)	Tier 2	
VENA-BAL DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (prenatal vitamins with calcium no.81)	Tier 1	
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON-1 MG (prenatal vitamins with calcium no.109)	Tier 1	
VINATE GT ORAL TABLET 90-1-50 MG (prenatal vitamins with calcium no.16)	Tier 1	
VINATE II ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins with calcium)	Tier 1	
VINATE M ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins with calcium no.136)	Tier 1	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG (prenatal vitamins with calcium no.27)	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG (prenatal vitamins with calcium no.18)	Tier 1	
VIRT-ADVANCE ORAL TABLET 90-1-50 MG (prenatal vitamins with calcium no.15)	Tier 1	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG (prenatal vitamins no.16)	Tier 1	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11)	Tier 1	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (prenatal vitamins with calcium no.47)	Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG (prenatal vitamins with calcium no.68)	Tier 1	
VIRT-SELECT ORAL CAPSULE 29-1.25-55-325 MG (prenatal vitamins with calcium no.80)	Tier 1	
VIRT-VITE GT ORAL TABLET 90-1-50 MG (prenatal vitamins with calcium no.16)	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (prenatal vitamins no.26)	Tier 3	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG (prenatal vitamins no.25)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVA DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11)	Tier 1	
VP-CH PLUS ORAL CAPSULE 29 MG IRON-1 MG -50 MG-265 MG (prenatal vitamins no.59)	Tier 1	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (prenatal vitamins no.34)	Tier 1	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (prenatal vitamins with calcium no.47)	Tier 1	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (prenatal vitamins with calcium no.68)	Tier 1	
Prenatal Vitamins With Low Or No Iron (Less Than 27 Mg) - Drugs For Nutrition		
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (prenatal vitamins without iron)	Tier 1	
Vitamins - A - Drugs For Nutrition		
AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML (vitamin A)	Tier 2	
Vitamins - B-1, Thiamine And Derivatives - Drugs For Nutrition		
thiamine hcl (vitamin b1) injection solution 100 mg/ml	Tier 1	
Vitamins - B-12, Cyanocobalamin And Derivatives - Drugs For Nutrition		
B-12 COMPLIANCE INJECTION KIT 1,000 MCG/ML (cyanocobalamin (vitamin B12))	Tier 3	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	Tier 1	
NASCOBAL NASAL SPRAY,NON-AEROSOL 500 MCG/SPRAY (cyanocobalamin (vitamin B12))	Tier 2	
PHYSICIANS EZ USE B-12 INJECTION KIT 1,000 MCG/ML (cyanocobalamin (vitamin B12))	Tier 3	
Vitamins - B-3, Niacin And Derivatives - Drugs For Nutrition		
niacin oral tablet 500 mg	Tier 1	
Vitamins - B-6, Pyridoxine And Derivatives - Drugs For Nutrition		
pyridoxine (vitamin b6) injection solution 100 mg/ml	Tier 1	
Vitamins - C, Ascorbic Acid And Derivatives - Drugs For Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (ascorbic acid)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ascorbic acid (vitamin c) injection solution 500 mg/ml	Tier 1	
Vitamins - D Derivatives - Drugs For Nutrition		
calcitriol intravenous solution 1 mcg/ml	Tier 1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
ergocalciferol (vitamin d2) oral capsule 50,000 unit	Tier 1	
ergocalciferol (vitamin D2) (Vitamin D2 Oral Capsule 50,000 Unit)	Tier 1	
Vitamins - Folic Acid And Derivatives - Drugs For Nutrition		
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	Tier 0	
Vitamins - K, Phytonadione And Derivatives - Drugs For Nutrition		
phytonadione (vitamin k1) injection solution 10 mg/ml	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml	Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin K1))	Tier 1	
phytonadione (vitamin K1) (Vitamin K1 Injection Solution 10 Mg/Ml)	Tier 1	
Vitamins - Paba - Drugs For Nutrition		
POTABA ORAL CAPSULE 500 MG (aminobenzoic acid)	Tier 3	
Endocrine - Hormones		
Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs		
carboprost tromethamine intramuscular solution 250 mcg/ml	Tier 1	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (dinoprostone)	Tier 3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML (carboprost)	Tier 2	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (dinoprostone)	Tier 3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG (dinoprostone)	Tier 3	
Abortifacients- Progesterone Receptor Antagonist		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mifepristone oral tablet 200 mg	Tier 1	
Agents To Treat Hypoglycemia (Hyperglycemics) - Drugs For Diabetes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (glucagon)	Tier 2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG (glucagon)	Tier 2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (glucagon)	Tier 2	
GVOKE HYPOPEN SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 3	
GVOKE SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (diazoxide)	Tier 2	
Amyloidosis Agents- Transthyretin (Ttr) Stabilizer - Hormones		
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	Tier 3	
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis)	Tier 3	PA; SP
Amyloidosis Agents-Ttr Suppression, Antisense Oligonucleotide-Based - Hormones		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (inotersen)	Tier 3	PA; SP
Amyloidosis Agents-Ttr Suppression, Rna Interfering (Rnai) Based - Hormones		
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML (patisiran)	Tier 3	SP
Anabolic Steroid - Single Agents		
ANADROL-50 ORAL TABLET 50 MG (oxymetholone)	Tier 3	PA
nandrolone decanoate intramuscular oil 200 mg/ml	Tier 1	
oxandrolone oral tablet 10 mg, 2.5 mg	Tier 1	PA
Androgen - Single Agents		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR (testosterone)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyltestosterone oral capsule 10 mg	Tier 1	ST: At least 2 prior prescriptions for Methyltestosterone, Testosterone Cypionate, Testosterone Enanthate, or Testosterone in the past 365 days
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR 30 MG (testosterone)	Tier 3	PA
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (testosterone)	Tier 3	PA
TESTOPEL IMPLANT PELLET 75 MG (testosterone)	Tier 3	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Tier 1	PA
testosterone enanthate intramuscular oil 200 mg/ml	Tier 1	PA
testosterone propionate intramuscular oil 100 mg/ml	Tier 1	
testosterone transdermal gel 50 mg/5 gram (1 %)	Tier 2	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	Tier 2	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	Tier 2	PA
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 2	PA
Antidiuretic And Vasopressor Hormones - Hormones		
desmopressin injection solution 4 mcg/ml	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (desmopressin)	Tier 3	ST: Prior prescription for Desmopressin Acetate in the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (desmopressin)	Tier 3	ST: Prior prescription for Desmopressin Acetate in the past 120 days; QL (1 EA per 1 day)
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML) (desmopressin)	Tier 2	SP
vasopressin in 0.9 % sod chlor intravenous solution 100 unit/100 ml (1 unit/ml), 100 unit/250 ml (0.4 unit/ml), 20 unit/100 ml (0.2 unit/ml), 20 unit/50 ml (0.4 unit/ml), 40 unit/100 ml (0.4 unit/ml), 50 unit/250 ml (0.2 unit/ml), 60 unit/100 ml (0.6 unit/ml)	Tier 1	
vasopressin in dextrose 5 % intravenous solution 100 unit/100 ml (1 unit/ml), 25 unit/250 ml (0.1 unit/ml), 60 unit/100 ml (0.6 unit/ml)	Tier 1	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML (vasopressin)	Tier 3	
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs For Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors - Drugs For Diabetes		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG (linagliptin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-Ii) - Drugs For Diabetes		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 3	PA; SP
Antihyperglycemic - Meglitinide Analog And Biguanide Combinations - Drugs For Diabetes		
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	Tier 1	
Antihyperglycemic - Meglitinide Analogs - Drugs For Diabetes		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations - Drugs For Diabetes		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (empagliflozin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (empagliflozin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (empagliflozin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG (dapagliflozin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (dapagliflozin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (2 EA per 1 day)
Antihyperglycemic - Sglt-2 Inhibitor And Dpp-4 Inhibitor Combinations - Drugs For Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG (dapagliflozin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors - Drugs For Diabetes		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (empagliflozin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea And Biguanide Combinations - Drugs For Diabetes		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
Antihyperglycemic - Sulfonylurea Derivatives - Drugs For Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
glipizide oral tablet 10 mg, 5 mg	Tier 1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	
tolazamide oral tablet 250 mg, 500 mg	Tier 1	
tolbutamide oral tablet 500 mg	Tier 1	
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations - Drugs For Diabetes		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG (pioglitazone)	Tier 3	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 1	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days
Antihyperglycemic - Thiazolidinedione And Sulfonylurea Combinations - Drugs For Diabetes		
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days
Antihyperglycemic, Amylin Analog-Type - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (pramlintide)	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (pramlintide)	Tier 2	
Antihyperglycemic, Incretin Mimetic,Glp-1 Receptor Agonist Analog-Type - Drugs For Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (exenatide)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1 ML per 7 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML (exenatide)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1 EA per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (exenatide)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (exenatide)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) (semaglutide)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML) (semaglutide)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (3 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML (dulaglutide)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (9 ML per 30 days)
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit And Thiazolidinedione - Drugs For Diabetes		
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	Tier 1	
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide - Drugs For Diabetes		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (sitagliptin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (sitagliptin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (sitagliptin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (linagliptin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (linagliptin)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic-Insulin, Long Acting And Glp-1 Receptor Agonist Comb - Drugs For Diabetes		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (insulin glargine)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (insulin degludec)	Tier 2	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days; QL (15 ML per 28 days)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs For Thyroid		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs For Thyroid		
propylthiouracil oral tablet 50 mg	Tier 1	
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs For Menopause And Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (abaloparatide)	Tier 2	PA; SP
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs For Menopause And Bone Loss		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML (teriparatide)	Tier 2	PA; SP; QL (2.4 ML per 28 days)
Bone Resorption Inhibitors - Bisphosphonate And Vitamin D Combinations - Drugs For Menopause And Bone Loss		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (alendronic acid)	Tier 3	
Bone Resorption Inhibitors - Bisphosphonates - Drugs For Menopause And Bone Loss		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alendronate oral solution 70 mg/75 ml	Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg	Tier 1	
etidronate disodium oral tablet 200 mg, 400 mg	Tier 1	
ibandronate intravenous solution 3 mg/3 ml	Tier 1	
ibandronate intravenous syringe 3 mg/3 ml	Tier 1	
ibandronate oral tablet 150 mg	Tier 1	
pamidronate intravenous recon soln 30 mg, 90 mg	Tier 1	
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	Tier 1	
risedronate oral tablet 150 mg	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 7 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 7 days)
zoledronic acid intravenous recon soln 4 mg	Tier 1	SP
zoledronic acid intravenous solution 4 mg/5 ml	Tier 1	SP
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	Tier 1	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	Tier 1	SP
zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml	Tier 1	SP
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs For Menopause And Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	Tier 1	PA
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (etelcalcetide)	Tier 3	PA; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (cinacalcet)	Tier 2	PA
Calcitonins - Drugs For Menopause And Bone Loss		
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin)	Tier 2	
Estrogen And Progestin With Antimineralocorticoid Activity,Combination		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone)	Tier 3	
Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations		
DUAVEE ORAL TABLET 0.45-20 MG (estrogens, conjugated)	Tier 2	
Estrogen-Androgen		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens,esterified)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (estrogens,esterified)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens,esterified)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (estrogens,esterified)	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Tier 1	
Estrogen-Progestin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
BIJUVA ORAL CAPSULE 1-100 MG (estradiol)	Tier 3	ST: At least 2 prior prescriptions for Alora, Angeliq, Climara Pro, Combipatch, Crinone, Delestrogen, Depo-estradiol, Divigel, Duavee, Elestrin, Endometrin, Enjuvia, Estradiol Valerate, Estradiol, Estradiol/norethindrone Acetate, Estring, Estrogel, Evamist, Femring, Imvexxy, Menest, Menostar, Prefest, Premarin, Premphase, Prempro, or Progesterone, Micronized in the past 365 days
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (estradiol)	Tier 2	QL (2 EA per 7 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	
norethindrone ac-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
norethindrone ac-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
LOPREEZA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (estradiol)	Tier 1	
estradiol-norethindrone acet (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	Tier 1	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (estrogens, conjugated)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (estrogens, conjugated)	Tier 2	
Estrogens		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol)	Tier 2	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %) (estradiol)	Tier 2	
estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	Tier 1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (estrogens,esterified)	Tier 3	
PREMARIN INJECTION RECON SOLN 25 MG (estrogens, conjugated)	Tier 2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)	Tier 2	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type		
CRINONE VAGINAL GEL 8 % (progesterone)	Tier 2	
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-Fsh)		
clomiphene citrate oral tablet 50 mg	Tier 1	
Fertility Enhancer - Preterm Birth Prevention, Progesterone-Type		
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML (hydroxyprogesterone)	Tier 2	PA; SP
Fibroblast Growth Factor 23 (Fgf23) Inhibitors, Monoclonal Antibody - Drugs For Menopause And Bone Loss		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (burosumab-twza)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Follicle-Stimulating And Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (menotropins)	Tier 2	
Follicle-Stimulating Hormone (Fsh)		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (follitropin (FSH))	Tier 2	
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML (follitropin (FSH))	Tier 3	ST: Prior prescription for Follistim AQ in the past 120 days
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (follitropin (FSH))	Tier 3	ST: Prior prescription for Follistim AQ in the past 120 days
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (follitropin (FSH))	Tier 3	ST: Prior prescription for Follistim AQ in the past 120 days
Glucocorticoid Salt Combinations - Drugs For Inflammation		
BETALOAN SUIK KIT 6 MG/ML (betamethasone)	Tier 3	
betameth ac,sod phos(pf)-water injection suspension 6 mg/ml	Tier 1	
betamethasone ace,sod phos-wtr injection suspension 7 mg/ml	Tier 1	
betamethasone acet,sod phos injection suspension 6 mg/ml	Tier 1	
POD-CARE 100CG KIT 6 MG/ML (betamethasone)	Tier 3	
READYSHARP BETAMETHASONE INJECTION KIT 6 MG/ML (betamethasone)	Tier 1	
Glucocorticoid-Anesthetic Combinations - Drugs For Inflammation		
bupivacaine-dexameth in water injection syringe 112.5-3 mg/30 ml	Tier 1	
methylprednisol ac-bupivac-wat injection suspension 40-5 mg/ml, 80-5 mg/ml	Tier 1	
triamcinol ace-bupiv-0.9% nacl injection suspension 40-5 mg/ml	Tier 1	
Glucocorticoids - Drugs For Inflammation		
A-HYDROCORT INJECTION RECON SOLN 100 MG (hydrocortisone)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
betamethasone sod phosph-water injection solution 6 mg/ml	Tier 1	
cortisone oral tablet 25 mg	Tier 1	
dexamethasone (Decadron Oral Elixir 0.5 Mg/5 Ml)	Tier 1	
dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
dexamethasone ac, sod ph-water injection suspension 8 mg- 4 mg/ml	Tier 1	
dexamethasone ace-nacl,iso-osm injection suspension 16 mg/ml, 8 mg/ml	Tier 1	
dexamethasone in 0.9 % sod chl intravenous piggyback 10 mg/50 ml, 20 mg/50 ml	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (dexamethasone)	Tier 2	
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1	
dexamethasone oral solution 0.5 mg/5 ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablet 1 mg, 2 mg	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (dexamethasone)	Tier 3	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
MEDROLOAN II SUIK KIT 40 MG/ML (methylprednisolone)	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML (methylprednisolone)	Tier 3	
methylpred ac(pf)-nacl,iso-osm injection suspension 40 mg/ml, 80 mg/ml	Tier 1	
methylprednisolone acet-water injection suspension 100 mg/ml, 50 mg/ml	Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS) (prednisolone)	Tier 2	ST: Prior prescription for generic prednisone in the past 120 days
MILLIPRED ORAL TABLET 5 MG (prednisolone)	Tier 2	ST: Prior prescription for generic prednisone in the past 120 days
P-CARE D40G KIT 40 MG/ML (methylprednisolone)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
P-CARE D80G KIT 40 MG/ML (methylprednisolone)	Tier 3	
P-CARE K40G KIT 40 MG/ML (triamcinolone)	Tier 3	
P-CARE K80 INJECTION KIT 40 MG/ML (triamcinolone)	Tier 3	
P-CARE K80G KIT 40 MG/ML (triamcinolone)	Tier 3	
POD-CARE 100KG KIT 40 MG/ML (triamcinolone)	Tier 3	
prednisolone oral solution 15 mg/5 ml	Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	Tier 1	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (prednisone)	Tier 2	
prednisone oral solution 5 mg/5 ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg	Tier 1	
PRO-C-DURE 5 INJECTION KIT 40 MG/ML (triamcinolone)	Tier 3	
PRO-C-DURE 6 INJECTION KIT 40 MG/ML (triamcinolone)	Tier 3	
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML (hydrocortisone)	Tier 2	
SOLU-CORTEF INJECTION RECON SOLN 100 MG (hydrocortisone)	Tier 2	
triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml	Tier 1	
triamcinolone aceton-0.9% nacl injection suspension 50 mg/ml	Tier 1	
triamcinolone acetonide injection suspension 40 mg/ml	Tier 1	
triamcinolone dia(pf)-0.9%nacl injection suspension 40 mg/ml	Tier 1	
triamcinolone diacet-0.9% nacl injection suspension 40 mg/ml, 80 mg/ml	Tier 1	
TRILOAN II SUIK KIT 40 MG/ML (triamcinolone)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRILOAN SUIK KIT 40 MG/ML (triamcinolone)	Tier 3	
Gonadotropin Inhibitor Pituitary Suppressants		
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
Growth Hormone Receptor Antagonists - Drugs For Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (pegvisomant)	Tier 2	SP
Growth Hormone Releasing Hormones (Ghrh) - Drugs For Growth		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG (tesamorelin)	Tier 2	PA; SP
Growth Hormones - Drugs For Growth		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (somatropin)	Tier 2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (somatropin)	Tier 2	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 2	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (somatropin)	Tier 2	PA; SP
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG (somatropin)	Tier 3	PA
Human Chorionic Gonadotropin (Hcg)		
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	Tier 2	
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT (chorionic gonadotropin, human (hCG))	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (chorionic gonadotropin, human (hCG))	Tier 3	
Human Insulins - Fixed Combinations - Drugs For Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (insulin isophane (NPH))	Tier 2	QL (40 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin isophane (NPH))	Tier 2	QL (30 ML per 28 days)
Human Insulins - Intermediate Acting - Drugs For Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin isophane (NPH))	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin isophane (NPH))	Tier 2	QL (40 ML per 28 days)
Human Insulins - Rapid Acting - Drugs For Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (insulin regular)	Tier 3	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60) (insulin regular)	Tier 3	PA; QL (180 EA per 28 days)
Human Insulins - Short Acting - Drugs For Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT (insulin regular)	Tier 3	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60) (insulin regular)	Tier 3	PA; QL (180 EA per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (insulin regular)	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (insulin regular)	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (insulin regular)	Tier 2	QL (24 ML per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (insulin regular)	Tier 3	
Insulin Analogs - Fixed Combinations - Drugs For Diabetes		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (insulin lispro protamine)	Tier 2	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (insulin lispro protamine)	Tier 2	QL (30 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (insulin lispro protamine)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (insulin lispro protamine)	Tier 2	QL (40 ML per 28 days)
Insulin Analogs - Long Acting - Drugs For Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	Tier 3	ST: Prior prescription for Lantus Solostar, Lantus, Levemir Flextouch, Levemir, Toujeo Solostar, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba in the past 365 days; QL (30 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	Tier 2	QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	Tier 2	QL (40 ML per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin detemir)	Tier 2	QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin detemir)	Tier 2	QL (40 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin degludec)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)	Tier 3	
Insulin Analogs - Rapid Acting - Drugs For Diabetes		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (insulin lispro)	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin lispro)	Tier 2	QL (12 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin lispro)	Tier 2	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	Tier 1	QL (40 ML per 28 days)
Insulin Response Enhancers - Biguanides - Drugs For Diabetes		
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists) - Drugs For Diabetes		
AVANDIA ORAL TABLET 2 MG, 4 MG (rosiglitazone)	Tier 3	ST: Prior prescription for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any two of the three aforementioned agents in the past 120 days
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 1	
Insulin-Like Growth Factor-1 (Igf-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (mecasermin)	Tier 2	PA; SP
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (metreleptin)	Tier 2	SP; QL (1 EA per 1 day)
Lhrh (Gnrh) Agonist Analog Pit Suppres - Central Precocious Puberty		
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG (leuprolide)	Tier 2	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (leuprolide)	Tier 2	PA; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (triptorelin)	Tier 3	PA; SP; QL (1 EA per 180 days)
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (leuprolide)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (leuprolide)	Tier 2	PA; SP
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (nafarelin)	Tier 2	PA
Lhrh (Gnrh) Antagonists		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (cetrorelix)	Tier 2	
ORILISSA ORAL TABLET 150 MG (elagolix)	Tier 3	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG (elagolix)	Tier 3	PA; QL (2 EA per 1 day)
Menopausal Symptoms Suppressant-Ssri Antidepressant Type		
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	Tier 1	ST: Prior prescription for Paroxetine HCL or Venlafaxine HCL in the past 120 days; QL (1 EA per 1 day)
Mineralocorticoids - Drugs For Inflammation		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Oxytocic - Ergot Alkaloids		
methylergonovine injection solution 0.2 mg/ml (1 ml)	Tier 1	
methylergonovine oral tablet 0.2 mg	Tier 1	
Oxytocic - Oxytocin And Analogs		
oxytocin in 0.9 % sod chloride intravenous solution 15 unit/250 ml, 20 unit/1000 ml, 20 unit/500 ml, 30 unit/1000 ml, 30 unit/500 ml, 40 unit/1000 ml	Tier 1	
oxytocin in dextrose 5 % in lr intravenous solution 20 unit/1,000 ml, 30 unit/500 ml	Tier 1	
oxytocin in dextrose 5 % intravenous solution 20 unit/1,000 ml, 30 unit/500 ml	Tier 3	
oxytocin in lactated ringers intravenous solution 10 unit/500 ml, 15 unit/250 ml, 20 unit/1,000 ml, 30 unit/500 ml	Tier 1	
Parathyroid Hormones - Drugs For Menopause And Bone Loss		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE (parathyroid hormone)	Tier 2	PA; SP
Progestins		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxyprogest(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)	Tier 1	PA; SP
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	Tier 1	PA; SP
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	Tier 1	SP
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML (hydroxyprogesterone)	Tier 2	PA; SP
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists		
cabergoline oral tablet 0.5 mg	Tier 1	
Rank Ligand (Rankl) Inhibitor, Mc Antibody - Drugs For Menopause And Bone Loss		
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (denosumab)	Tier 2	PA; SP
Renin-Angiotensin-Aldosterone System (Raas) Hormones - Hormones		
GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML (angiotensin II,human)	Tier 3	
Selective Estrogen Receptor Modulators (Serms) - Drugs For Menopause And Bone Loss		
raloxifene oral tablet 60 mg	Tier 0	QL (1 EA per 1 day)
Somatostatic Agents - Drugs For Growth		
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 1	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 1	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (pasireotide)	Tier 2	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML (lanreotide)	Tier 2	SP
Thyroid Hormone Combinations - Synthetic T3 And T4 - Drugs For Thyroid		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYROLAR-1 ORAL TABLET 12.5-50 MCG (liotrix)	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG (liotrix)	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG (liotrix)	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-2 ORAL TABLET 25-100 MCG (liotrix)	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-3 ORAL TABLET 37.5-150 MCG (liotrix)	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
Thyroid Hormones - Animal Source (Porcine) - Drugs For Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (thyroid)	Tier 2	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (thyroid)	Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid)	Tier 1	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (thyroid)	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs For Thyroid		
liothyronine intravenous solution 10 mcg/ml	Tier 1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs For Thyroid		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 1	
levothyroxine intravenous recon soln 100 mcg	Tier 1	
levothyroxine intravenous recon soln 200 mcg, 500 mcg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml	Tier 1	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	
Enzymes - Vitamins And Minerals		
Enzymes - Vitamins And Minerals		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (hyaluronidase)	Tier 3	
HYLENEX INJECTION SOLUTION 150 UNIT/ML (hyaluronidase)	Tier 3	
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML (hyaluronidase)	Tier 3	SP
VITRASE INJECTION SOLUTION 200 UNIT/ML (hyaluronidase)	Tier 3	
Fdb Class Obsolete-Not Used		
Arginine Vasopressin (Avp) V2 Receptor Antagonist, Selective - Drugs For High Blood Pressure		
JYNARQUE ORAL TABLET 15 MG (tolvaptan)	Tier 3	PA; SP; QL (30 EA per 365 days)
JYNARQUE ORAL TABLET 30 MG (tolvaptan)	Tier 3	PA; SP; QL (60 EA per 365 days)
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 3	PA; SP; QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Tier 3	PA; SP; QL (60 EA per 365 days)
Gastrointestinal Therapy Agents - Drugs For The Stomach		
Antidiarrheal - Antiperistaltic Agents - Drugs For Diarrhea		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE 2 MG (loperamide)	Tier 1	
IMODIUM A-D ORAL CAPSULE 2 MG (loperamide)	Tier 1	
loperamide oral capsule 2 mg	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
paregoric oral liquid 2 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs For Diarrhea		
XERMELO ORAL TABLET 250 MG (telotristat ethyl)	Tier 2	PA; SP
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs For Diarrhea		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
Antidiarrheal Opioid Agents - Drugs For Diarrhea		
paregoric oral liquid 2 mg/5 ml	Tier 1	
Antiemetic - Anticholinergics - Drugs For Vomiting And Nausea		
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 1	
Antiemetic - Antihistamines - Drugs For Vomiting And Nausea		
dimenhydrinate injection solution 50 mg/ml	Tier 1	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (meclizine)	Tier 1	
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
MEDI-MECLIZINE ORAL TABLET 25 MG (meclizine)	Tier 1	
MOTION RELIEF (MECLIZINE) ORAL TABLET 25 MG (meclizine)	Tier 1	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG (meclizine)	Tier 1	
MOTION SICKNESS II ORAL TABLET 25 MG (meclizine)	Tier 1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG (meclizine)	Tier 1	
TRAVEL-EASE (MECLIZINE) ORAL TABLET 25 MG (meclizine)	Tier 1	
VERTICALM ORAL TABLET 25 MG (meclizine)	Tier 1	
Antiemetic - Cannabinoid Type - Drugs For Vomiting And Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST: Prior prescription for Emend, a 5HT3 antagonist, or corticosteroid in the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 3	ST: Prior prescription for Dronabinol in the past 120 days; QL (60 ML per 30 days)
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
trimethobenzamide oral capsule 300 mg	Tier 1	
Antiemetic - Phenothiazines - Drugs For Vomiting And Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	
promethazine (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	Tier 1	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	
promethazine rectal suppository 50 mg	Tier 1	
Antiemetic - Selective Serotonin 5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	Tier 1	
granisetron (pf) intravenous solution 100 mcg/ml	Tier 1	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	Tier 1	
granisetron hcl oral tablet 1 mg	Tier 1	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days; QL (8 EA per 30 days)
ondansetron hcl (pf) injection solution 4 mg/2 ml	Tier 1	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	Tier 1	
ondansetron hcl intravenous solution 2 mg/ml	Tier 1	
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	Tier 1	
ondansetron in 0.9 % sod chlor intravenous piggyback 16 mg/100 ml, 16 mg/50 ml, 8 mg/50 ml	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 1	
palonosetron intravenous solution 0.25 mg/2 ml	Tier 3	
palonosetron intravenous solution 0.25 mg/5 ml	Tier 1	
palonosetron intravenous syringe 0.25 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (granisetron)	Tier 2	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days; QL (1 EA per 7 days)
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists - Drugs For Vomiting And Nausea		
aprepitant oral capsule 125 mg	Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg	Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	Tier 1	QL (3 EA per 21 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML (aprepitant)	Tier 3	
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG (fosaprepitant)	Tier 3	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (aprepitant)	Tier 3	QL (3 EA per 21 days)
fosaprepitant intravenous recon soln 150 mg	Tier 1	
VARUBI INTRAVENOUS EMULSION 166.5 MG/92.5 ML (rolapitant)	Tier 3	
VARUBI ORAL TABLET 90 MG (rolapitant)	Tier 2	QL (2 EA per 14 days)
Antiemetic - Substance P-Neurokinin 1 And 5-Ht3 Recept Antagonist Comb - Drugs For Vomiting And Nausea		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG (fosnetupitant)	Tier 3	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (netupitant)	Tier 2	QL (1 EA per 28 days)
Bile Acids - Drugs For The Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	Tier 2	PA; SP
Colonic Acidifier (Ammonia Inhibitor) - Drugs For The Stomach		
lactulose oral solution 10 gram/15 ml (15 ml)	Tier 1	
Digestive Enzyme Mixtures - Drugs For The Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (lipase)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (lipase)	Tier 2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT (lipase)	Tier 2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20,000-63,000- 84,000 UNIT (lipase)	Tier 3	
Digestive Enzymes - Drugs For The Stomach		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (sacrosidase)	Tier 2	PA; SP
Gallstone Solubilizing (Litholysis) Agents - Drugs For The Stomach		
CHENODAL ORAL TABLET 250 MG (chenodiol)	Tier 2	PA; SP
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists - Drugs For Ulcers And Stomach Acid		
ACID CONTROL (RANITIDINE) ORAL TABLET 150 MG (ranitidine)	Tier 1	
ACID CONTROLLER ORAL TABLET 20 MG (famotidine)	Tier 1	
ACID REDUCER (CIMETIDINE) ORAL TABLET 200 MG (cimetidine)	Tier 1	
ACID REDUCER (FAMOTIDINE) ORAL TABLET 20 MG (famotidine)	Tier 1	
ACID REDUCER (RANITIDINE) ORAL TABLET 150 MG (ranitidine)	Tier 1	
cimetidine hcl oral solution 300 mg/5 ml	Tier 1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	
famotidine (pf) intravenous solution 20 mg/2 ml	Tier 1	
famotidine in 0.9 % nacl intravenous syringe 20 mg/10 ml	Tier 1	
famotidine intravenous solution 10 mg/ml	Tier 1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	
HEARTBURN PREVENTION ORAL TABLET 20 MG (famotidine)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEARTBURN RELIEF (CIMETIDINE) ORAL TABLET 200 MG (cimetidine)	Tier 1	
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 20 MG (famotidine)	Tier 1	
HEARTBURN RELIEF (RANITIDINE) ORAL TABLET 150 MG (ranitidine)	Tier 1	
nizatidine oral capsule 150 mg, 300 mg	Tier 1	
nizatidine oral solution 150 mg/10 ml	Tier 1	
ranitidine hcl oral capsule 150 mg, 300 mg	Tier 2	
ranitidine hcl oral syrup 15 mg/ml	Tier 1	
ranitidine hcl oral tablet 150 mg, 300 mg	Tier 1	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis) - Drugs For Ulcers And Stomach Acid		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG (dexlansoprazole)	Tier 3	ST: Prior prescription for Esomeprazole Magnesium, Lansoprazole, Nexium 24hr, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole sodium intravenous recon soln 20 mg	Tier 1	
HEARTBURN TREATMENT ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (esomeprazole)	Tier 1	QL (1 EA per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	Tier 1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (esomeprazole)	Tier 2	QL (1 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1	
pantoprazole intravenous recon soln 40 mg	Tier 1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rabeprazole oral capsule, delayed rel sprinkle 10 mg	Tier 1	ST: At least 2 prior prescriptions for Aciphex Sprinkle, First-lansoprazole, First-omeprazole, Lansoprazole, Omeprazole, Pantoprazole Sodium, Protonix, or Rabeprazole Sodium in the past 365 days; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 1	QL (1 EA per 1 day)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs For Ulcers And Stomach Acid		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists - Drugs For The Stomach		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride)	Tier 3	ST: Prior prescription for Amitiza or Linzess in the past 120 days
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists - Drugs For The Stomach		
metoclopramide hcl injection solution 5 mg/ml	Tier 1	
metoclopramide hcl injection syringe 5 mg/ml	Tier 1	
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg	Tier 1	
Gi Antispasmodic - Belladonna Alkaloids - Drugs For Stomach Cramps		
atropine injection solution 0.4 mg/ml, 1 mg/ml	Tier 1	
atropine injection syringe 0.05 mg/ml	Tier 1	
atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)	Tier 1	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine)	Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine)	Tier 1	
OSCIMIN ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine)	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine)	Tier 3	
Gi Antispasmodic - Quaternary Ammonium Compounds - Drugs For Stomach Cramps		
glycopyrrolate (pf) in water injection syringe 0.2 mg/ml	Tier 1	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML (glycopyrrolate)	Tier 3	
Gi Antispasmodic - Synthetic Tertiary Amines - Drugs For Stomach Cramps		
dicyclomine intramuscular solution 10 mg/ml	Tier 1	
dicyclomine oral capsule 10 mg	Tier 1	
dicyclomine oral solution 10 mg/5 ml	Tier 1	
dicyclomine oral tablet 20 mg	Tier 1	
Gi Antispasmodic Combinations Other - Drugs For Stomach Cramps		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs For Irritable Bowel Syndrome		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	Tier 3	QL (2 EA per 1 day)
Inflammatory Bowel Agent - Interleukin-12 And Il-23 Inhibitors, Mc Ab - Drugs For Inflammatory Bowel Disease		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (ustekinumab)	Tier 2	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab)	Tier 2	PA; SP
Inflammatory Bowel Agent - Aminosalicylates And Related Agents - Drugs For Inflammatory Bowel Disease		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (mesalamine)	Tier 2	
balsalazide oral capsule 750 mg	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG (olsalazine)	Tier 3	ST: At least 2 prior prescriptions for Apriso, Balsalazide Disodium, Delzicol, Mesalamine, or Sulfasalazine in the past 120 days
mesalamine oral capsule (with del rel tablets) 400 mg	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	Tier 1	
mesalamine rectal enema 4 gram/60 ml	Tier 1	
mesalamine rectal suppository 1,000 mg	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	Tier 1	
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs For Inflammatory Bowel Disease		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
budesonide oral capsule,delayed,extend.release 3 mg	Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg	Tier 1	ST: Prior prescription for Prednisone in the past 120 days
hydrocortisone rectal enema 100 mg/60 ml	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION (budesonide)	Tier 3	
Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors - Drugs For Inflammatory Bowel Disease		
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib)	Tier 2	PA; SP
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs For Inflammatory Bowel Disease		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (infliximab-abda)	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (golimumab)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (golimumab)	Tier 3	PA; SP
Irritable Bowel Syndrome (Ibs) Agents - Drugs For Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	Tier 3	QL (2 EA per 1 day)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	Tier 2	
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	Tier 3	PA
Keratinocyte Growth Factor (Kgf) - Drugs For The Stomach		
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG (palifermin)	Tier 2	SP
Laxative - Saline And Osmotic - Drugs To Prevent Constipation		
CLEARLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 1	
CLEARLAX ORAL POWDER IN PACKET 17 GRAM (polyethylene glycol 3350)	Tier 1	
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	Tier 1	
GENTLELAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 1	
GIALAX ORAL KIT 17 GRAM/ SCOOP (polyethylene glycol 3350)	Tier 3	
GLYCOLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 1	
HEALTHYLAX ORAL POWDER IN PACKET 17 GRAM (polyethylene glycol 3350)	Tier 1	
lactulose oral packet 10 gram	Tier 1	
lactulose oral solution 10 gram/15 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lactulose oral solution 20 gram/30 ml	Tier 1	
LAXACLEAR ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 1	
LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 1	
NATURA-LAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 1	
polyethylene glycol 3350 oral powder 17 gram/dose	Tier 1	
polyethylene glycol 3350 oral powder in packet 17 gram	Tier 1	
POWDERLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 1	
POWDERLAX ORAL POWDER IN PACKET 17 GRAM (polyethylene glycol 3350)	Tier 1	
PURELAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 1	
PURELAX ORAL POWDER IN PACKET 17 GRAM (polyethylene glycol 3350)	Tier 1	
SMOOTHLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 1	
SMOOTHLAX ORAL POWDER IN PACKET 17 GRAM (polyethylene glycol 3350)	Tier 1	
Laxative - Saline/Osmotic Mixtures - Drugs To Prevent Constipation		
peg 3350-electrolytes (Gavilyte-C Oral Recon Soln 240-22.72-6.72 -5.84 Gram)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
peg 3350-electrolytes (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
peg-electrolyte soln (Gavilyte-N Oral Recon Soln 420 Gram)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM (polyethylene glycol 3350)	Tier 3	$0 COPAY IF AGE 50-75 YEARS
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (polyethylene glycol 3350)	Tier 3	$0 COPAY IF AGE 50-75 YEARS
OSMOPREP ORAL TABLET 1.5 GRAM (sodium phosphate)	Tier 3	$0 COPAY IF AGE 50-75 YEARS
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram	Tier 1	$0 COPAY IF AGE 50-75 YEARS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
peg-electrolyte soln oral recon soln 420 gram	Tier 1	$0 COPAY IF AGE 50-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (polyethylene glycol 3350)	Tier 3	$0 COPAY IF AGE 50-75 YEARS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium sulfate)	Tier 2	$0 COPAY IF AGE 50-75 YEARS
peg-electrolyte soln (Trilyte With Flavor Packets Oral Recon Soln 420 Gram)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
Laxative - Stimulant And Saline/Osmotic Combinations - Drugs To Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML (picosulfuric acid)	Tier 3	$0 COPAY IF AGE 50-75 YEARS
PEG-PREP ORAL KIT 5-210 MG-GRAM (bisacodyl)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM (picosulfuric acid)	Tier 2	$0 COPAY IF AGE 50-75 YEARS
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs For Ulcers And Stomach Acid		
CARAFATE ORAL SUSPENSION 100 MG/ML (sucralfate)	Tier 2	
sucralfate oral tablet 1 gram	Tier 1	
Peptic Ulcer-Treatment H. Pylori-Proton Pump Inhibitor And Antibiotics - Drugs For Ulcers And Stomach Acid		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	Tier 1	QL (112 EA per 10 days)
Short Bowel Syndrome (Sbs) - Glucagon-Like Peptide-2 (Glp-2) Analog - Drugs For The Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)	Tier 3	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)	Tier 3	PA; SP
Short Bowel Syndrome (Sbs) Agents - Drugs For The Stomach		
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG (somatropin)	Tier 3	PA
Genitourinary Therapy - Drugs For The Urinary System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bph Agent- 5-Alpha Reductase Inhib And Alpha-1 Adrenoceptor Antag Comb - Drugs For The Prostate		
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Tier 1	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days
Cystinosis Therapy (Cystine Depleting Agents) - Drugs For The Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (cysteamine)	Tier 2	SP
G.U. Irrigants - Drugs For The Urinary System		
glycine urologic solution irrigation solution 1.5 %	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (citric acid)	Tier 2	
RESECTISOL TRANSURETHRAL SOLUTION 5 % (mannitol)	Tier 2	
Interstitial Cystitis Agents - Drugs For The Urinary System		
ELMIRON ORAL CAPSULE 100 MG (pentosan polysulfate sodium)	Tier 2	
Kidney Stone Agents - Drugs For The Urinary System		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 3	SP
THIOLA ORAL TABLET 100 MG (tiopronin)	Tier 3	SP
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs For The Bladder		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 2	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
Phosphate Binders - Calcium-Based - Drugs For The Urinary System		
calcium acetate oral tablet 667 mg	Tier 1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (calcium)	Tier 2	
Phosphate Binders - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric salts)	Tier 3	QL (12 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium acetate oral capsule 667 mg	Tier 1	
calcium acetate oral tablet 667 mg	Tier 1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	Tier 1	
MAGNEBIND 400 ORAL TABLET 400-200-1 MG (calcium)	Tier 1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (calcium)	Tier 2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG (sucroferric oxyhydroxide)	Tier 2	
Phosphate Binders - Iron-Based - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric salts)	Tier 3	QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (sucroferric oxyhydroxide)	Tier 2	
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs For The Urinary System		
JYNARQUE ORAL TABLET 15 MG (tolvaptan)	Tier 3	PA; SP; QL (30 EA per 365 days)
JYNARQUE ORAL TABLET 30 MG (tolvaptan)	Tier 3	PA; SP; QL (60 EA per 365 days)
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 3	PA; SP; QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Tier 3	PA; SP; QL (60 EA per 365 days)
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists - Drugs For The Prostate		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 1	
silodosin oral capsule 4 mg, 8 mg	Tier 1	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days
tamsulosin oral capsule 0.4 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prostatic Hypertrophy Agent - Type Ii 5-Alpha Reductase Inhibitors - Drugs For The Prostate		
finasteride oral tablet 5 mg	Tier 1	
Prostatic Hypertrophy Agent-Type I And Ii 5-Alpha Reductase Inhibitors - Drugs For The Prostate		
dutasteride oral capsule 0.5 mg	Tier 1	
Urinary Acidifier - Phosphates - Drugs For Infections		
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (potassium phosphate)	Tier 2	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate)	Tier 1	
PHOSPHOROUS ORAL TABLET 250 MG (sodium phosphate)	Tier 1	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate)	Tier 1	
VIRT-PHOS 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate)	Tier 1	
Urinary Alkalinizer - Citrates - Drugs For Infections		
CYTRA K CRYSTALS ORAL PACKET 3,300-1,002 MG (potassium citrate)	Tier 1	
CYTRA-2 ORAL SOLUTION 500-334 MG/5 ML (citric acid)	Tier 1	
CYTRA-3 ORAL SOLUTION 550-500-334 MG/5 ML (sodium)	Tier 1	
CYTRA-K ORAL SOLUTION 1,100-334 MG/5 ML (potassium citrate)	Tier 1	
pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml	Tier 1	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 1	
potassium citrate-citric acid oral solution 1,100-334 mg/5 ml	Tier 1	
sodium citrate-citric acid oral solution 500-334 mg/5 ml	Tier 1	
TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML (sodium)	Tier 1	
VIRTRATE-2 ORAL SOLUTION 500-334 MG/5 ML (citric acid)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIRTRATE-3 ORAL SOLUTION 550-500-334 MG/5 ML (sodium)	Tier 1	
VIRTRATE-K ORAL SOLUTION 1,100-334 MG/5 ML (potassium citrate)	Tier 1	
Urinary Analgesics - Drugs For Infections		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	
Urinary Antibacterial - Nitrofuran Derivatives - Drugs For Infections		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	
Urinary Antibacterial - Quinolones - Drugs For Infections		
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg	Tier 1	
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations - Drugs For Infections		
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG (methenamine)	Tier 1	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG (methenamine)	Tier 2	
UR N-C ORAL TABLET 81.6-10.8-40.8 MG (methenamine)	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (methenamine)	Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG (methenamine)	Tier 1	
URIN DS ORAL TABLET 81.6-10.8-40.8 MG (methenamine)	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG (methenamine)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (methenamine)	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG (methenamine)	Tier 1	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG (methenamine)	Tier 1	
Urinary Anti-Infective Methenamine-Antispasmodic Combinations - Drugs For Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs For The Bladder		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
solifenacin oral tablet 10 mg, 5 mg	Tier 1	ST: At least 2 prior prescriptions for Darifenacin Hydrobromide, Oxybutynin Chloride, Tolterodine Tartrate, or Trospium Chloride in the past 365 days
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs For The Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine)	Tier 1	
OSCIMIN ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine)	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine)	Tier 3	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs For The Bladder		
flavoxate oral tablet 100 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %) (oxybutynin)	Tier 3	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (oxybutynin)	Tier 2	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	
oxybutynin chloride oral tablet 5 mg	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
tolterodine oral tablet 1 mg, 2 mg	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (fesoterodine)	Tier 2	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
trospium oral capsule,extended release 24hr 60 mg	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
trospium oral tablet 20 mg	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs For The Bladder		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Gout And Hyperuricemia Therapy - Drugs For Pain And Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
colchicine oral capsule 0.6 mg	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	Tier 1	QL (4 EA per 1 day)
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
probenecid-colchicine oral tablet 500-0.5 mg	Tier 1	
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG (urate oxidase)	Tier 2	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (urate oxidase)	Tier 2	PA; SP
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
probenecid oral tablet 500 mg	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
allopurinol sodium intravenous recon soln 500 mg	Tier 1	
febuxostat oral tablet 40 mg, 80 mg	Tier 1	ST: Prior prescription for Allopurinol in the past 120 days; QL (30 EA per 30 days)
Hematological Agents - Drugs For The Blood		
Agents To Treat Attp- Anti Von Willebrand Factor (Vwf) A1 Domain - Drugs For The Blood		
CABLIVI INJECTION KIT 11 MG (caplacizumab-yhdp)	Tier 3	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG (caplacizumab-yhdp)	Tier 3	PA; SP
Anticoagulants - Citrate-Based - Drugs To Prevent Blood Clots		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML (dextrose in water)	Tier 3	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (4 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
TRICITRASOL INJECTION CONCENTRATE 46.7 % (sodium citrate)	Tier 2	
Anticoagulants - Coumarin - Drugs To Prevent Blood Clots		
warfarin (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-Inhibitor Coagulation Complex - Drugs To Prevent Bleeding		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (anti-inhibitor coagulant complex)	Tier 2	SP
Antiporphyria Factors - Drugs For The Blood		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG (hemin)	Tier 3	
Blood Cell And Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs For The Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib)	Tier 3	PA; SP
C1 Esterase Inhibitor Agents - Drugs For The Blood		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (C1 esterase inhibitor)	Tier 2	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (C1 esterase inhibitor)	Tier 3	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (C1 esterase inhibitor, recombinant)	Tier 3	PA; SP
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG (betrixaban)	Tier 3	ST: Prior prescription for Eliquis or Xarelto in the past 120 days; QL (43 EA per 42 days)
ELIQUIS ORAL TABLET 2.5 MG (apixaban)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (apixaban)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (apixaban)	Tier 2	QL (74 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)	Tier 2	QL (2 EA per 1 day)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (rivaroxaban)	Tier 2	QL (51 EA per 30 days)
Erythropoietins - Drugs For The Blood		
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa-epbx)	Tier 2	PA; SP
Factor Ix Complex (Prothrombin Complex Concentrate) Preparations - Drugs To Prevent Bleeding		
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (factor II (prothrombin))	Tier 3	
Factor Ix Preparations - Drugs To Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX)	Tier 2	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (factor IX)	Tier 2	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 3,000 UNIT (factor IX)	Tier 2	SP
BENEFIX INTRAVENOUS RECON SOLN 2,000 UNIT, 250 UNIT, 500 UNIT (factor IX)	Tier 3	SP
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT (factor IX)	Tier 3	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX)	Tier 2	
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT (factor IX)	Tier 2	SP
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor II (prothrombin))	Tier 2	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT (factor IX)	Tier 3	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 500 UNIT (factor IX)	Tier 3	SP
RIXUBIS INTRAVENOUS RECON SOLN 3,000 UNIT (factor IX)	Tier 3	
Factor Vii Preparations - Drugs To Prevent Bleeding		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (coagulation factor VIIa (recombinant))	Tier 2	SP
Factor Viii Preparations (Ahf) - Drugs To Prevent Bleeding		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII)	Tier 2	SP
ADVATE INTRAVENOUS RECON SOLN 1,500 (+/-) UNIT (antihemophilic factor VIII)	Tier 3	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (antihemophilic factor VIII)	Tier 2	SP
ADYNOVATE INTRAVENOUS SOLUTION 3,000 (+/-) UNIT (antihemophilic factor VIII)	Tier 3	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (antihemophilic factor VIII)	Tier 2	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,500 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE (antihemophilic factor VIII)	Tier 3	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (antihemophilic factor VIII)	Tier 2	SP
HELIXATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII)	Tier 2	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (antihemophilic factor VIII)	Tier 2	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (antihemophilic factor VIII)	Tier 2	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (antihemophilic factor VIII)	Tier 2	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (antihemophilic factor VIII)	Tier 2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (antihemophilic factor VIII)	Tier 2	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII)	Tier 3	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII)	Tier 3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII)	Tier 2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII)	Tier 2	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII)	Tier 2	SP
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT (antihemophilic factor VIII)	Tier 3	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (antihemophilic factor VIII)	Tier 2	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (antihemophilic factor VIII)	Tier 2	SP
WILATE INTRAVENOUS RECON SOLN 450-450 UNIT (antihemophilic factor VIII)	Tier 2	
XYNTHA INTRAVENOUS SOLUTION 2,000 (+/-) UNIT (antihemophilic factor VIII)	Tier 2	SP
Factor Viii-Mimetic Agent, Monoclonal Antibody - Drugs For The Blood		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML (emicizumab-kxwh)	Tier 3	PA; SP
Factor X Preparations - Drugs To Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (coagulation factor X)	Tier 2	SP
Factor Xiii Preparations - Drugs To Prevent Bleeding		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (factor XIII)	Tier 2	SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (factor XIII A-subunit, recombinant)	Tier 2	SP
Granulocyte Colony-Stimulating Factor (G-Csf) - Drugs For The Blood		
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (tbo-filgrastim)	Tier 2	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (tbo-filgrastim)	Tier 2	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML (pegfilgrastim)	Tier 3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (pegfilgrastim)	Tier 3	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 2	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-sndz)	Tier 2	PA; SP
Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf) - Drugs For The Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (sargramostim)	Tier 2	PA; SP
Hematorheologic Agents - Drugs For The Blood		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs To Prevent Bleeding		
AMICAR ORAL SOLUTION 250 MG/ML (25 %) (aminocaproic acid)	Tier 2	
aminocaproic acid intravenous solution 250 mg/ml	Tier 1	
aminocaproic acid oral solution 250 mg/ml (25 %)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	Tier 1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG) (fibrinogen)	Tier 3	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) (fibrinogen)	Tier 2	SP
tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	Tier 1	
tranexamic acid oral tablet 650 mg	Tier 1	
Hemostatic Systemic- Von Willebrand Factor (Vwf) Preparations - Drugs To Prevent Bleeding		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (von Willebrand factor, human)	Tier 2	SP
Heparin Flush Formulations - Drugs To Prevent Blood Clots		
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/250 ml (10 unit/ml), 2,500 unit/500 ml (5 unit/ml)	Tier 1	
heparin lock flush (porcine) intravenous syringe 10 unit/ml	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	
Heparins - Drugs To Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (heparin (porcine))	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/250 ml (10 unit/ml), 2,500 unit/500 ml (5 unit/ml), 30,000 unit/1,000 ml, 4000 unit/1000 ml (4 unit/ml), 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in 0.9% nacl intravenous syringe 2,500 unit/5 ml(500 unit/ml), 6,000 unit/3ml (2,000 unit/ml)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	Tier 1	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	Tier 1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	
heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous syringe 10 unit/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
heparin lock flush (porcine) intravenous syringe 100 unit/ml	Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML (heparin (porcine))	Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML (heparin (porcine))	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin (porcine))	Tier 1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml	Tier 3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	Tier 1	
Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs For The Blood		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (eculizumab)	Tier 2	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (10 MG/ML) (ravulizumab-cwvz)	Tier 3	PA; SP
Indirect Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
fondaparinux subcutaneous syringe 10 mg/0.8 ml	Tier 1	SP; QL (8 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	Tier 1	SP; QL (5 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	Tier 1	SP; QL (4 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	Tier 1	SP; QL (6 ML per 30 days)
Low Molecular Weight Heparins - Drugs To Prevent Blood Clots		
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 1	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	Tier 1	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	Tier 1	QL (24 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
enoxaparin subcutaneous syringe 30 mg/0.3 ml	Tier 1	QL (9 ML per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	Tier 1	QL (12 ML per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	Tier 1	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (dalteparin,porcine)	Tier 2	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (dalteparin,porcine)	Tier 2	QL (10 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (dalteparin,porcine)	Tier 2	QL (5 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (dalteparin,porcine)	Tier 2	QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (dalteparin,porcine)	Tier 2	QL (7.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (dalteparin,porcine)	Tier 2	QL (2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (dalteparin,porcine)	Tier 2	QL (3 ML per 30 days)
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps) - Drugs For The Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	Tier 2	QL (2 EA per 1 day)
KENGREAL INTRAVENOUS RECON SOLN 50 MG (cangrelor)	Tier 3	
Platelet Aggregation Inhibitor Combinations - Drugs For The Blood		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 1	
Platelet Aggregation Inhibitors - Glycoprotein Iib/Iiia Receptor Inhib - Drugs For The Blood		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML (tirofiban)	Tier 3	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) (tirofiban)	Tier 3	
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors - Drugs For The Blood		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs For The Blood		
anagrelide oral capsule 0.5 mg, 1 mg	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs For The Blood		
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 0	
ASPIR-LOW ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs For The Blood		
clopidogrel oral tablet 300 mg	Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	Tier 1	
prasugrel oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr - Drugs For The Blood		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(Par-1) Antagonist - Drugs For The Blood		
ZONTIVITY ORAL TABLET 2.08 MG (vorapaxar)	Tier 2	QL (1 EA per 1 day)
Protein C Preparations - Drugs For The Blood		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (protein C)	Tier 2	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (protein C)	Tier 2	SP
Sickle Cell Anemia Agents - Drugs For The Blood		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	Tier 2	ST: Prior prescription for Hydroxyurea in the past 120 days
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 3	PA; SP
SIKLOS ORAL TABLET 1,000 MG (hydroxyurea)	Tier 3	ST: Prior prescription for Droxia and Hydroxyurea in the past 365 days
SIKLOS ORAL TABLET 100 MG (hydroxyurea)	Tier 3	ST: Prior prescription for Droxia and Hydroxyurea in the past 365 days; QL (2 EA per 1 day)
Thrombolytic - Nucleotide Type - Drugs For The Blood		
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML (defibrotide)	Tier 3	
Hepatobiliary System Treatment Agents - Drugs For The Liver		
Farnesoid X Receptor (Fxr) Agonist, Bile Acid Analog - Drugs For The Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	Tier 2	PA; SP
Immunosuppressive Agents - Drugs For Organ Transplants		
Immunosuppressive - Interferon Gamma Inhibitor, Monoclonal Antibody - Drugs For Organ Transplants		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (emapalumab-lzsg)	Tier 3	PA; SP
Immunosuppressive - Calcineurin Inhibitors - Drugs For Organ Transplants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3	
cyclosporine intravenous solution 250 mg/5 ml	Tier 1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (tacrolimus)	Tier 3	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus)	Tier 3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (tacrolimus)	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs For Organ Transplants		
mycophenolate mofetil hcl intravenous recon soln 500 mg	Tier 1	
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 1	
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For Organ Transplants		
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus)	Tier 2	
Immunosuppressive - Monoclonal Antibodies - Drugs For Organ Transplants		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (basiliximab)	Tier 2	
Immunosuppressive - Monoclonal Antibody Inhib. T Lymphocyte Function - Drugs For Organ Transplants		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (basiliximab)	Tier 2	
Immunosuppressive - Purine Analogs - Drugs For Organ Transplants		
azathioprine oral tablet 50 mg	Tier 1	
azathioprine sodium injection recon soln 100 mg	Tier 1	
Immunosuppressive - Selective T-Cell Costimulation Blocker - Drugs For Organ Transplants		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NULOJIX INTRAVENOUS RECON SOLN 250 MG (belatacept)	Tier 2	
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones		
Als Agent - Benzathiazoles - Drugs For Nerves And Muscles		
riluzole oral tablet 50 mg	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)	Tier 3	SP
Als Agents - Antioxidants/Anti-Inflammatories - Drugs For Nerves And Muscles		
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML (edaravone)	Tier 2	SP
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs For Nerves And Muscles		
MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine)	Tier 3	
neostigmine in sterile water injection syringe 5 mg/5 ml	Tier 1	
neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml	Tier 1	
neostigmine methylsulfate intravenous syringe 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	Tier 1	
pyridostigmine bromide oral syrup 60 mg/5 ml	Tier 1	
pyridostigmine bromide oral tablet 30 mg	Tier 1	
pyridostigmine bromide oral tablet 60 mg	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	Tier 1	
REGONOL INJECTION SOLUTION 5 MG/ML (pyridostigmine)	Tier 2	
Antimyasthenic Agents Other - Drugs For Nerves And Muscles		
guanidine oral tablet 125 mg	Tier 1	
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs For Muscles, Ligaments, Tendons, And Bones		
XIAFLEX INJECTION RECON SOLN 0.9 MG (collagenase Clostridium histolyticum)	Tier 2	SP
Neuromuscular Blocker - Depolarizing Agents - Drugs For Nerves And Muscles		
succinylcholine chloride injection solution 20 mg/ml	Tier 1	
succinylcholine chloride intravenous syringe 140 mg/7 ml (20 mg/ml), 50 mg/2.5 ml (20 mg/ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
succinylcholine in 0.9 % nacl intravenous syringe 200 mg/10 ml (20 mg/ml)	Tier 1	
succinylcholine-0.9% nacl (pf) intravenous syringe 200 mg/10 ml (20 mg/ml)	Tier 1	
succinylcholine-sod cl,iso(pf) intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml)	Tier 1	
Neuromuscular Blocker - Neurotoxins - Drugs For Nerves And Muscles		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT (onabotulinumtoxinA)	Tier 2	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (rimabotulinumtoxinB)	Tier 2	PA; SP
Neuromuscular Blocker - Nondepolarizing Agents - Drugs For Nerves And Muscles		
atracurium intravenous solution 10 mg/ml	Tier 1	
cisatracurium intravenous solution 10 mg/ml conc. (icu use only), 2 mg/ml	Tier 1	
pancuronium intravenous solution 1 mg/ml, 2 mg/ml	Tier 1	
rocuronium intravenous syringe 100 mg/10 ml (10 mg/ml), 75 mg/7.5 ml (10 mg/ml)	Tier 1	
vecuronium bromide intravenous recon soln 10 mg, 20 mg	Tier 1	
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones		
NORGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine)	Tier 3	QL (4 EA per 1 day)
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	Tier 1	QL (4 EA per 1 day)
orphenadrine-ASA-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	Tier 1	QL (4 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
baclofen oral tablet 10 mg, 20 mg	Tier 1	
baclofen oral tablet 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carisoprodol oral tablet 250 mg, 350 mg	Tier 1	ST: Prior prescription for Amrix, Baclofen, Cyclobenzaprine HCL, Gablofen, Lioresal Intrathecal, Methocarbamol, Orphenadrine Citrate, or Tizanidine HCL in the past 120 days; QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1	
cyclobenzaprine oral tablet 7.5 mg	Tier 1	ST: Prior prescription for Cyclobenzaprine HCL in the past 120 days
metaxalone (Metaxall Oral Tablet 800 Mg)	Tier 1	
metaxalone oral tablet 400 mg, 800 mg	Tier 1	
methocarbamol oral tablet 500 mg, 750 mg	Tier 1	
orphenadrine citrate injection solution 30 mg/ml	Tier 1	
orphenadrine citrate oral tablet extended release 100 mg	Tier 1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	Tier 1	
tizanidine oral tablet 2 mg, 4 mg	Tier 1	
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
dantrolene oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Skeletal Muscle Relaxant And Topical Irritant Counter-Irritant Comb. - Drugs For Muscles, Ligaments, Tendons, And Bones		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG (cyclobenzaprine)	Tier 3	
COMFORT PAC-TIZANIDINE KIT 4 MG (tizanidine)	Tier 3	
Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment		
Medical Supplies And Dme - Blood Glucose Tests - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK COMPACT PLUS TEST STRIP (blood sugar diagnostic, drum-type)	Tier 2	
ACCU-CHEK GUIDE STRIP (blood sugar diagnostic)	Tier 2	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 2	
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 1	
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	PA
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	PA
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	Tier 1	
Medical Supplies And Dme - Diaphragms - Medical Supplies And Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	Tier 0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	Tier 0	
Medical Supplies And Dme - Female Condoms - Medical Supplies And Durable Medical Equipment		
FC2 FEMALE CONDOM (condoms, female)	Tier 0	QL (30 EA per 30 days)
Medical Supplies And Dme - Glucose Monitoring Test Supplies - Medical Supplies And Durable Medical Equipment		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK AVIVA PLUS METER (blood-glucose meter)	Tier 2	
ACCU-CHEK COMPACT PLUS CARE KIT (blood-glucose meter, drum-type)	Tier 2	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 2	
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	Tier 2	
ACCU-CHEK MULTICLIX LANCET (lancets)	Tier 2	
ACCU-CHEK NANO (blood-glucose meter)	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE (lancets)	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 2	
DEXCOM G4 RECEIVER (blood-glucose meter, continuous)	Tier 2	PA
DEXCOM G4 RECEIVER PEDIATRIC (blood-glucose meter, continuous)	Tier 2	PA
DEXCOM G4 RECEIVER-SHARE (PED) (blood-glucose meter, continuous)	Tier 2	PA
DEXCOM G4 RECEIVER-SHARE KIT (blood-glucose meter, continuous)	Tier 2	PA
DEXCOM G4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM G5 RECEIVER (blood-glucose meter, continuous)	Tier 2	PA
DEXCOM G5 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM G5-G4 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
DEXCOM G6 RECEIVER (blood-glucose meter, continuous)	Tier 2	PA
DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM RECEIVER (blood-glucose meter, continuous)	Tier 2	PA
EVERSENSE SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	
FREESTYLE LIBRE 10 DAY READER (flash glucose scanning reader)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 10 DAY SENSOR KIT (flash glucose sensor)	Tier 2	PA
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)	Tier 2	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	
lancets	Tier 1	
LANCETS, SUPER THIN (lancets)	Tier 1	
lancing device	Tier 2	
lancing device with lancets kit	Tier 1	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 1	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 1	
UNIVERSAL 1 LANCETS 26 GAUGE (lancets)	Tier 1	
WAVESENSE PRESTO KIT (blood-glucose meter)	Tier 1	
Medical Supplies And Dme - Insulin Needles-Syringes And Admin Supplies - Medical Supplies And Durable Medical Equipment		
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety)	Tier 3	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin disposable)	Tier 2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (syringe with needle,insulin disposable)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin disposable)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin disposable)	Tier 2	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin disposable)	Tier 2	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 31 gauge x 5/16	Tier 2	
insulin syringe-needle u-100 syringe 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin disposable)	Tier 3	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 (syringe with needle,insulin disposable)	Tier 3	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin disposable)	Tier 3	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (pen needle, diabetic, safety)	Tier 2	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Tier 2	
NOVOTWIST NEEDLE 32 GAUGE X 1/5" (pen needle, diabetic)	Tier 2	
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 3	
PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
pen needle, diabetic needle 31 gauge x 1/4", 31 gauge x 5/16"	Tier 2	
pen needle, diabetic needle 32 gauge x 5/32"	Tier 1	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,insulin disposable)	Tier 1	
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin disposable)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16 (syringe with needle,insulin disposable)	Tier 2	
Medical Supplies And Dme - Peak Flow Meters - Medical Supplies And Durable Medical Equipment		
AEROGEAR ACTION ASTHMA KIT KIT (peak flow meter)	Tier 1	QL (1 EA per 365 days)
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
ASTHMA CHECK METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
ASTHMAPACK CHILDREN'S KIT (peak flow meter)	Tier 1	QL (1 EA per 365 days)
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
MINI-WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
PIKO 1 DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
POCKET PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
Medical Supplies And Dme - Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER WITH FLOWSIGNAL SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
BREATHERITE MDI SPACER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK, NEO. SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK,ADULT SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK,CHILD SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK,INFANT SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK,S.CHLD SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
BREATHERITE VALVED MDI SPACER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE CHAMBER-LRG MASK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
CLEVER CHOICE CHAMBER-MED MASK SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
CLEVER CHOICE CHAMBER-SM MASK SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
IN-CHECK DIAL TRAINING DEVICE DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-LARGE SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSPIRACHAMBER WITH MASK-MED SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
MICROCHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
MICROSPACER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
MISTASSIST DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
MOUTHPIECE DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
ONE WAY VALVED MOUTHPIECE DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
PANDA MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
PEDIATRIC MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
PEDIATRIC PANDA MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
PEDIATRIC SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
POCKET CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
PRIMEAIRE SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
PRO COMFORT SPACER-ADULT MASK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
PRO COMFORT SPACER-CHILD MASK SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
PROCARE SPACER WITH ADULT MASK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
PROCARE SPACER WITH CHILD MASK SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
PROCHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
SILICONE MASK - PEDIATRIC DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
VORTEX ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
VORTEX FROG MASK-CHILD DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER CHILD SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER TODDLER SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VORTEX LADYBUG MASK-TODDLER DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
VORTEX VHC FROG MASK-CHILD SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
VORTEX VHC LADYBUG MASK-TODDLR SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
WINDMILL TRAINER DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
Medical Supplies And Dme - Tissue Bulking Implants - Medical Supplies And Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (dextranomer)	Tier 3	SP
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
ACCU-CHEK COMPACT PLUS CARE KIT (blood-glucose meter, drum-type)	Tier 2	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 2	
ACCU-CHEK NANO (blood-glucose meter)	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	Tier 2	
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER WITH FLOWSIGNAL SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROGEAR ACTION ASTHMA KIT KIT (peak flow meter)	Tier 1	QL (1 EA per 365 days)
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
ASTHMA CHECK METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
ASTHMAPACK CHILDREN'S KIT (peak flow meter)	Tier 1	QL (1 EA per 365 days)
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin disposable)	Tier 2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin disposable)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin disposable)	Tier 2	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	Tier 0	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
CLEVER CHOICE CHAMBER-MED MASK SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
CLEVER CHOICE CHAMBER-SM MASK SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
DEXCOM G4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM G5 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM G5-G4 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
DEXCOM G6 RECEIVER (blood-glucose meter, continuous)	Tier 2	PA
DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM RECEIVER (blood-glucose meter, continuous)	Tier 2	PA
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
EVERSENSE SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	
FC2 FEMALE CONDOM (condoms, female)	Tier 0	QL (30 EA per 30 days)
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 10 DAY READER (flash glucose scanning reader)	Tier 2	PA
FREESTYLE LIBRE 10 DAY SENSOR KIT (flash glucose sensor)	Tier 2	PA
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)	Tier 2	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	
IN-CHECK DIAL TRAINING DEVICE DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-LARGE SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-MED SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 1 ml 28 gauge x 1/2"	Tier 2	
insulin syringe-needle u-100 syringe 0.5 ml 30 gauge x 1/2", 1 ml 30 gauge x 1/2"	Tier 3	
lancets	Tier 1	
LANCETS, SUPER THIN (lancets)	Tier 1	
lancing device	Tier 2	
lancing device with lancets kit	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 1	
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
MINI-WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
MISTASSIST DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin disposable)	Tier 3	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 (syringe with needle,insulin disposable)	Tier 3	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin disposable)	Tier 3	
MOUTHPIECE DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (pen needle, diabetic, safety)	Tier 2	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Tier 2	
NOVOTWIST NEEDLE 32 GAUGE X 1/5" (pen needle, diabetic)	Tier 2	
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
PEDIATRIC MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
PEDIATRIC PANDA MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
PEDIATRIC SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
pen needle, diabetic needle 32 gauge x 5/32"	Tier 1	
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
PIKO 1 DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
POCKET PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 1	
PRIMEAIRE SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
PRO COMFORT SPACER-ADULT MASK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
PRO COMFORT SPACER-CHILD MASK SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
PROCARE SPACER WITH ADULT MASK SPACER (inhaler, assist device with large mask)	Tier 1	QL (1 EA per 365 days)
PROCARE SPACER WITH CHILD MASK SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
PROCHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
SILICONE MASK - PEDIATRIC DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,insulin disposable)	Tier 1	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin disposable)	Tier 2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16 (syringe with needle,insulin disposable)	Tier 2	
VORTEX FROG MASK-CHILD DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER CHILD SPACER (inhaler, assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER TODDLER SPACER (inhaler, assist device with small mask)	Tier 1	QL (1 EA per 365 days)
VORTEX LADYBUG MASK-TODDLER DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
WAVESENSE PRESTO KIT (blood-glucose meter)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	Tier 0	
WINDMILL TRAINER DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
Metabolic Disease Enzyme Replacement Agents - Drugs For Metabolic Disease		
Drugs To Treat Neuronal Ceroid Lipofuscinosis Type 2 (Cln2) - Drugs For Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (cerliponase alfa)	Tier 3	SP
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (cerliponase alfa)	Tier 3	SP
Metabolic Disease Enzyme Replacement, Batten Disease - Drugs For Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (cerliponase alfa)	Tier 3	SP
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (cerliponase alfa)	Tier 3	SP
Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs For Metabolic Disease		
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (agalsidase beta)	Tier 2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs For Metabolic Disease		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (imiglucerase)	Tier 2	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT (taliglucerase alfa)	Tier 3	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT (velaglucerase alfa)	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs For Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (asfotase alfa)	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs For Metabolic Disease		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML (sebelipase alfa)	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs For Metabolic Disease		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (laronidase)	Tier 2	SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (idursulfase)	Tier 2	SP
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (vestronidase alfa-vjbk)	Tier 3	SP
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (galsulfase)	Tier 2	SP
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (elosulfase alfa)	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs For Metabolic Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG (alglucosidase alfa)	Tier 2	PA; SP
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs For Metabolic Disease		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (elapegademase-lvlr)	Tier 3	PA; SP
Metabolic Modifiers - Drugs That Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs That Alter Metabolism		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 1	
Metabolic Modifier - Carnitine Replenisher Agents - Drugs That Alter Metabolism		
levocarnitine (with sugar) oral solution 100 mg/ml	Tier 1	
levocarnitine oral tablet 330 mg	Tier 1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs That Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (eliglustat)	Tier 2	PA
miglustat oral capsule 100 mg	Tier 1	PA; SP
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs That Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (uridine)	Tier 2	PA; SP
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs That Alter Metabolism		
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (nitisinone)	Tier 3	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	Tier 2	PA; SP
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs That Alter Metabolism		
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML (betaine)	Tier 2	SP
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs That Alter Metabolism		
TYBOST ORAL TABLET 150 MG (cobicistat)	Tier 3	PA; QL (1 EA per 1 day)
Pharmacological Chaperone Tx - Alpha-Galactosidase A Enzyme Stabilizer - Drugs That Alter Metabolism		
GALAFOLD ORAL CAPSULE 123 MG (migalastat)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Phenylketonuria(Pku) Tx Agents - Cofactor Of Phenylalanine Hydroxylase - Drugs That Alter Metabolism		
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 2	PA; SP
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 2	PA; SP
Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase - Drugs That Alter Metabolism		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (pegvaliase-pqpz)	Tier 3	PA; SP
Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat		
Dental Product - Fluoride Preparations - Drugs For The Mouth And Throat		
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	Tier 0	Age (Max 6 Years)
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	Tier 0	Age (Max 6 Years)
Dental Product - Local Anesthetics - Drugs For The Mouth And Throat		
mepivacaine (Carbocaine Injection Cartridge 30 Mg/Ml (3 %))	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (tetracaine)	Tier 3	
lidocaine-epinephrine bit injection cartridge 2 %-1:100,000	Tier 1	
mepivacaine injection cartridge 30 mg/ml (3 %)	Tier 1	
POLOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %) (mepivacaine)	Tier 1	
mepivacaine (Scandonest Plain Injection Cartridge 30 Mg/Ml (3 %))	Tier 1	
lidocaine-epinephrine bit (Xylocaine Dental-Epinephrine Injection Cartridge 2 %-1:100,000)	Tier 1	
Mouth And Throat - Antifungals - Drugs For The Mouth And Throat		
clotrimazole mucous membrane troche 10 mg	Tier 1	
nystatin oral suspension 100,000 unit/ml	Tier 1	
Mouth And Throat - Antiseptics - Drugs For The Mouth And Throat		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlorhexidine gluconate (Paroex Oral Rinse Mucous Membrane Mouthwash 0.12 %)	Tier 1	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth And Throat - Glucocorticoids - Drugs For The Mouth And Throat		
triamcinolone acetonide (Oralone Dental Paste 0.1 %)	Tier 1	
triamcinolone acetonide dental paste 0.1 %	Tier 1	
Mouth And Throat - Local Anesthetic Amides - Drugs For The Mouth And Throat		
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	Tier 1	
lidocaine HCl (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth And Throat - Saliva Stimulants - Drugs For The Mouth And Throat		
cevimeline oral capsule 30 mg	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs For The Mouth And Throat		
doxycycline hyclate oral tablet 20 mg	Tier 1	
Therapy For Drooling- Primary Or Secondary Sialorrhea-Anticholinergic - Drugs For The Mouth And Throat		
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (glycopyrrolate)	Tier 3	
Multiple Sclerosis Agents - Drugs For The Nervous System		
Leukocyte Adhesion Inhibitors, Alpha4-Mediated, Igg4k Mc Antibody - Drugs For Multiple Sclerosis		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (natalizumab)	Tier 3	PA; SP
Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody - Drugs For Multiple Sclerosis		
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (ocrelizumab)	Tier 3	PA; SP
Multiple Sclerosis Agent - Cd52 Specific Monoclonal Antibody - Drugs For Multiple Sclerosis		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (alemtuzumab)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - Interferons - Drugs For Multiple Sclerosis		
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG (interferon beta-1a)	Tier 2	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA; SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	Tier 2	PA; SP
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (interferon beta-1a)	Tier 2	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (interferon beta-1a)	Tier 2	PA; SP
Multiple Sclerosis Agent - Others - Drugs For Multiple Sclerosis		
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	Tier 1	PA; SP
glatiramer (Glatopa Subcutaneous Syringe 20 Mg/Ml, 40 Mg/Ml)	Tier 1	PA; SP
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG (dimethyl fumarate)	Tier 2	PA; SP
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs For Multiple Sclerosis		
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 1	PA; SP
FIRDAPSE ORAL TABLET 10 MG (amifampridine)	Tier 3	PA; SP
RUZURGI ORAL TABLET 10 MG (amifampridine)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs For Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs For Multiple Sclerosis		
GILENYA ORAL CAPSULE 0.25 MG (fingolimod)	Tier 2	PA
GILENYA ORAL CAPSULE 0.5 MG (fingolimod)	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG (siponimod)	Tier 3	PA; SP
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (siponimod)	Tier 3	PA; SP
Ophthalmic Agents - Drugs For The Eye		
Miotics - Cholinesterase Inhibitors - Drugs For Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (echothiophate)	Tier 2	
Miotics - Direct Acting - Drugs For Glaucoma		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
Mydriatic And Cycloplegic Combinations - Drugs For The Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (cyclopentolate)	Tier 3	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 % (hydroxyamphetamine)	Tier 3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
Ophth - Beta Blocker-Adrenerg-Carbonic Anhyd Inhib-Prostagladin Analog - Drugs For Glaucoma		
timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %	Tier 1	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (brinzolamide)	Tier 3	ST: Prior prescription for Alphagan P, Brimonidine Tartrate, Combigan, Cosopt, or Dorzolamide HCL/timolol Maleate in the past 365 days
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
gatifloxacin-dexamethasone ophthalmic (eye) drops 0.5-0.1 %	Tier 1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 1	
neomycin-bacitracin-poly-HC (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	
prednisolone acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %	Tier 1	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %	Tier 1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (tobramycin)	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (tobramycin)	Tier 2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (tobramycin)	Tier 2	
Ophthalmic - Antibacterial-Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	Tier 1	
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	Tier 1	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %	Tier 1	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	Tier 1	
Ophthalmic - Anticholinergics - Drugs For The Eye		
atropine ophthalmic (eye) drops 1 %	Tier 1	
atropine ophthalmic (eye) drops, emulsion 0.01 %	Tier 1	
atropine ophthalmic (eye) ointment 1 %	Tier 1	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine)	Tier 1	
homatropine hbr ophthalmic (eye) drops 5 %	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	Tier 1	
Ophthalmic - Antifibrotic Agents - Drugs For The Eye		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (mitomycin)	Tier 3	
Ophthalmic - Antihistamines - Drugs For Itchy Eye		
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (bepotastine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
epinastine ophthalmic (eye) drops 0.05 %	Tier 2	
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 % (alcaftadine)	Tier 3	ST: Prior prescription for Alrex, Azelastine HCL, Bepreve, Olopatadine 0.2%, or Pazeo in the past 120 days
olopatadine ophthalmic (eye) drops 0.1 %	Tier 2	
olopatadine ophthalmic (eye) drops 0.2 %	Tier 2	QL (2.5 ML per 30 days)
PAZEO OPHTHALMIC (EYE) DROPS 0.7 % (olopatadine)	Tier 2	ST: Prior prescription for Olopatadine 0.2% in the past 120 days
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol)	Tier 2	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	Tier 3	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	Tier 1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (loteprednol)	Tier 2	ST: Prior prescription for Prednisolone Sodium Phosphate in the past 120 days; QL (5.6 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (loteprednol)	Tier 2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % (loteprednol)	Tier 3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (loteprednol)	Tier 2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (loteprednol)	Tier 2	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 1	
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (cyclosporine)	Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (cyclosporine)	Tier 2	PA
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 2	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (lifitegrast)	Tier 2	PA
Ophthalmic - Anti-Inflammatory, Nsaids - Anti-Infective/Anti-Inflammatories		
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (bromfenac)	Tier 3	ST: Prior prescription for Bromfenac Sodium, Diclofenac Sodium, or Ketorolac Tromethamine in the past 120 days
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (nepafenac)	Tier 2	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	Tier 1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (bromfenac)	Tier 2	ST: Prior prescription for Bromfenac Sodium in the past 120 days
Ophthalmic - Beta Blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs For Glaucoma		
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %	Tier 1	
Ophthalmic - Beta Blocker-Carbonic Anhydrase Inhib-Prostagladin Analog - Drugs For Glaucoma		
timolol-dorzolamid-latanop(pf) ophthalmic (eye) drops 0.5-2-0.005 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Beta Blockers-Adrenergic Combinations - Drugs For Glaucoma		
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine)	Tier 2	
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	Tier 1	ST: Prior prescription for Cosopt or Dorzolamide HCL/timolol Maleate in the past 120 days; QL (2 EA per 1 day)
dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %	Tier 1	ST: Prior prescription for Cosopt or Dorzolamide HCL/timolol Maleate in the past 120 days
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	
Ophthalmic - Beta Blockers-Prostaglandin Analog Combinations - Drugs For Glaucoma		
timolol-latanoprost(pf) ophthalmic (eye) drops 0.5-0.005 %	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs For Glaucoma		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	Tier 3	ST: Prior prescription for Alphagan P, Betaxolol HCL, Brimonidine Tartrate, Combigan, Cosopt, Dorzolamide HCL, Dorzolamide HCL/timolol Maleate, or Latanoprost in the past 365 days
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	
Ophthalmic - Chelating Agents - Drugs For The Eye		
edetate disodium ophthalmic (eye) drops 3 %	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs For The Eye		
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (cysteamine)	Tier 2	PA; SP
Ophthalmic - Decongestants - Drugs For Itchy Eye		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Diagnostic Agents - Drugs For The Eye		
FLUCAINE OPHTHALMIC (EYE) DROPS 0.25-0.5 % (proparacaine)	Tier 1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	Tier 1	
Ophthalmic - Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %	Tier 1	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 1	
Ophthalmic - Human Nerve Growth Factor (Hngf) - Drugs For The Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (cenegermin-bkbj)	Tier 3	PA; SP
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers - Drugs For Glaucoma		
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (timolol)	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (betaxolol)	Tier 3	ST: Prior prescription for generic Betaxolol in the past 120 days
carteolol ophthalmic (eye) drops 1 %	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
metipranolol ophthalmic (eye) drops 0.3 %	Tier 1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	Tier 1	
Ophthalmic - Irrigation Solutions - Drugs For The Eye		
EYE WASH STERILE OPHTHALMIC (EYE) SOLUTION (balanced salt irrigation soln non-surgical combo 6)	Tier 1	
Ophthalmic - Local Anesthetic Combinations - Drugs For The Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (benoxinate)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Local Anesthetic Esters - Drugs For The Eye		
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine)	Tier 1	
proparacaine ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	Tier 1	
Ophthalmic - Local Anesthetic, Amides - Drugs For The Eye		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (lidocaine)	Tier 3	
Ophthalmic - Mast Cell Stabilizers - Drugs For Itchy Eye		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 % (nedocromil)	Tier 3	ST: Prior prescription for Cromolyn Sodium in the past 120 days
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (lodoxamide)	Tier 3	ST: Prior prescription for Cromolyn Sodium in the past 120 days
cromolyn ophthalmic (eye) drops 4 %	Tier 1	
Ophthalmic - Photodynamic Therapy Agents - Drugs For The Eye		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (verteporfin)	Tier 2	SP
Ophthalmic - Rho Kinase Inhibitor And Prostaglandin Analog Combination - Drugs For Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (netarsudil)	Tier 3	ST: Prior prescription for Alphagan P, Betaxolol HCL, Brimonidine Tartrate, Combigan, Cosopt, Dorzolamide HCL, Dorzolamide HCL/timolol Maleate, Latanoprost, Rhopressa, or Rocklatan in the past 365 days; QL (2.5 ML per 25 days)
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
bacitracin-polymyxin B (Ak-Poly-Bac Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	
neomycin-bacitracin-polymyxin (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
bacitracin-polymyxin B (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin (Gentak Ophthalmic (Eye) Ointment 0.3 % (3 Mg/Gram))	Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (tobramycin)	Tier 3	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (besifloxacin)	Tier 3	ST: At least 2 prior prescriptions for Ciprofloxacin HCL, Gatifloxacin, Levofloxacin, Moxeza, Moxifloxacin HCL, or Ofloxacin in the past 120 days
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
levofloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 % (moxifloxacin)	Tier 3	
moxifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (azithromycin)	Tier 2	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)	Tier 2	
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Tier 3	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (ganciclovir)	Tier 3	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs For Glaucoma		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (brimonidine)	Tier 2	ST: Prior prescription for Brimonidine Tartrate in the past 120 days
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	Tier 1	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs For Glaucoma		
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (1 ML per 12 days)
latanoprost (pf) ophthalmic (eye) drops 0.005 %	Tier 1	
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (bimatoprost)	Tier 2	ST: Prior prescription for Bimatoprost or Latanoprost in the past 120 days; QL (1 ML per 12 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % (travoprost)	Tier 2	ST: Prior prescription for Bimatoprost or Latanoprost in the past 120 days; QL (1 ML per 12 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (latanoprostene bunod)	Tier 3	ST: Prior prescription for Bimatoprost or Latanoprost in the past 120 days; QL (2.5 ML per 25 days)
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs For Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (netarsudil)	Tier 3	ST: Prior prescription for Alphagan P, Betaxolol HCL, Brimonidine Tartrate, Combigan, Cosopt, Dorzolamide HCL, Dorzolamide HCL/timolol Maleate, or Latanoprost in the past 365 days; QL (2.5 ML per 30 days)
Otic (Ear) - Drugs For The Ear		
Otic (Ear) - Anti-Infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % (ciprofloxacin)	Tier 2	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin)	Tier 2	
Otic (Ear) - Anti-Infectives Other - Antibiotics		
acetic acid otic (ear) solution 2 %	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
ciprofloxacin hcl otic (ear) dropperette 0.2 %	Tier 1	
ofloxacin otic (ear) drops 0.3 %	Tier 1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML) (ciprofloxacin)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
fluocinolone acetonide oil otic (ear) drops 0.01 %	Tier 1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 1	
Respiratory Therapy Agents - Drugs For The Lungs		
1St Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
CENTERGY ORAL DROPS 1-2 MG/ML (chlorpheniramine)	Tier 1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	Tier 1	
1St Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs For Cough And Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (pseudoephedrine)	Tier 1	
Antihistamine - 1St Generation - Ethanolamines - Drugs For Allergies		
BANOPHEN ORAL CAPSULE 50 MG (diphenhydramine)	Tier 1	
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
diphenhydramine hcl injection solution 50 mg/ml	Tier 1	
diphenhydramine hcl injection syringe 50 mg/ml	Tier 1	
diphenhydramine hcl oral capsule 50 mg	Tier 1	
diphenhydramine in 0.9 % nacl intravenous piggyback 25 mg/50 ml, 50 mg/50 ml	Tier 1	
PHARBEDRYL ORAL CAPSULE 50 MG (diphenhydramine)	Tier 1	
Antihistamine - 1St Generation - Phenothiazines - Drugs For Allergies		
promethazine (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	Tier 1	
promethazine in 0.9 % nacl intravenous piggyback 25 mg/50 ml	Tier 1	
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine injection syringe 25 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1St Generation - Piperidines - Drugs For Allergies		
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
Antihistamines - 1St Generation - Drugs For Allergies		
clemastine oral tablet 2.68 mg	Tier 1	
promethazine (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	Tier 1	
promethazine in 0.9 % nacl intravenous piggyback 25 mg/50 ml	Tier 1	
promethazine rectal suppository 50 mg	Tier 1	
Antihistamines - 2Nd Generation - Drugs For Allergies		
24HR ALLERGY RELIEF ORAL TABLET 5 MG (levocetirizine)	Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
ALLERGY RELIEF (LEVOCETIRIZIN) ORAL TABLET 5 MG (levocetirizine)	Tier 1	
cetirizine oral solution 1 mg/ml, 5 mg/5 ml	Tier 1	
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
CHILDREN'S ALLER-TEC ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML (cetirizine)	Tier 1	
desloratadine oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	QL (10 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levocetirizine oral tablet 5 mg	Tier 1	
Antihistamines - 2Nd Generation - Piperazines - Drugs For Allergies		
ALLERGY RELIEF (LEVOCETIRIZIN) ORAL TABLET 5 MG (levocetirizine)	Tier 1	
Antitussives - Non-Opioid - Drugs For Allergies		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	
Asthma Therapy - 5-Lipoxygenase Inhibitors - Drugs For Asthma/Copd		
zileuton oral tablet, er multiphase 12 hr 600 mg	Tier 2	
ZYFLO ORAL TABLET 600 MG (zileuton)	Tier 3	ST: Prior prescription for Zileuton in the past 120 days
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs For Asthma/Copd		
epinephrine injection solution 1 mg/ml	Tier 1	
epinephrine injection syringe 0.1 mg/ml	Tier 1	
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs For Asthma/Copd		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION (mometasone furoate)	Tier 2	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (mometasone furoate)	Tier 2	QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	Tier 1	QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	Tier 1	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone)	Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION (fluticasone)	Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION (fluticasone)	Tier 2	QL (12 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION (fluticasone)	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION (fluticasone)	Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (budesonide)	Tier 3	ST: At least 2 prior prescriptions for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (beclomethasone)	Tier 2	QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (Il-4) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML (dupilumab)	Tier 2	PA; SP
Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML (benralizumab)	Tier 2	PA; SP
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs For Asthma/Copd		
montelukast oral granules in packet 4 mg	Tier 1	
montelukast oral tablet 10 mg	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	Tier 2	
Asthma Therapy - Mast Cell Stabilizers - Drugs For Asthma/Copd		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	
Asthma Therapy - Monoclonal Antibodies To Immunoglobulin E (Ige) - Drugs For Asthma/Copd		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (omalizumab)	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (omalizumab)	Tier 2	PA; SP
Asthma Therapy - Xanthines - Drugs For Asthma/Copd		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aminophylline intravenous solution 250 mg/10 ml	Tier 1	
aminophylline intravenous solution 500 mg/20 ml	Tier 1	
theophylline (Theochron Oral Tablet Extended Release 12 Hr 100 Mg, 200 Mg, 300 Mg)	Tier 1	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 400 mg/250 ml, 800 mg/250 ml	Tier 1	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/50 ml, 400 mg/500 ml	Tier 1	
theophylline oral elixir 80 mg/15 ml	Tier 1	
theophylline oral solution 80 mg/15 ml	Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	
Asthma Therapy- Monoclonal Antibody - Interleukin-5 (Il-5) Antagonists - Drugs For Asthma/Copd		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (mepolizumab)	Tier 2	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (mepolizumab)	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (mepolizumab)	Tier 2	PA; SP
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors - Drugs For Asthma/Copd		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)	Tier 2	QL (1 EA per 1 day)
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting - Drugs For Asthma/Copd		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (umeclidinium)	Tier 2	ST: Prior prescription for Spiriva Respimat or Spiriva in the past 120 days; QL (30 EA per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML (glycopyrrolate)	Tier 3	ST: Prior prescription for Incruse Ellipta, Spiriva Respimat, or Spiriva in the past 120 days; QL (2 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML (glycopyrrolate)	Tier 3	ST: Prior prescription for Incruse Ellipta, Spiriva Respimat, or Spiriva in the past 120 days; QL (2 ML per 1 day)
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 15.6 MCG (glycopyrrolate)	Tier 3	ST: Prior prescription for Incruse Ellipta, Spiriva Respimat, or Spiriva in the past 120 days
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (tiotropium)	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium)	Tier 2	QL (1 EA per 1 day)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (revefenacin)	Tier 3	QL (3 ML per 1 day)
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting - Drugs For Asthma/Copd		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (ipratropium)	Tier 2	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	Tier 1	
Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs For Asthma/Copd		
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG (indacaterol)	Tier 2	QL (30 EA per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (olodaterol)	Tier 2	QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs For Asthma/Copd		
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol)	Tier 2	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (salmeterol)	Tier 2	QL (60 EA per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs For Asthma/Copd		
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	Tier 1	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol)	Tier 2	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION (albuterol)	Tier 2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol)	Tier 2	
Asthma/Copd Therapy - Beta Adrenergic Agents - Drugs For Asthma/Copd		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	Tier 1	
metaproterenol oral syrup 10 mg/5 ml	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	
terbutaline subcutaneous solution 1 mg/ml	Tier 1	
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs For Asthma/Copd		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium)	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (ipratropium)	Tier 2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (tiotropium)	Tier 2	QL (4 GM per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG (indacaterol)	Tier 3	ST: Prior prescription for Anoro Ellipta or Stiolto Respimat in the past 120 days
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs For Asthma/Copd		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone)	Tier 2	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate)	Tier 2	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION (mometasone furoate)	Tier 2	QL (13 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	Tier 1	ST: Prior prescription for Advair HFA, Breo Ellipta, Dulera, Fluticasone propionate/salmeterol, or Symbicort in the past 120 days
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1	QL (2 EA per 1 day)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide)	Tier 2	QL (10.2 GM per 30 days)
fluticasone propion-salmeterol (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (2 EA per 1 day)
Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb, - Drugs For Cystic Fibrosis		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (fluticasone furoate)	Tier 3	ST: Prior prescription for Anoro Ellipta or Stiolto Respimat in the past 120 days; QL (60 EA per 30 days)
Corticosteroid Implant For Maintaining Sinus Patency - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 3	PA
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs For Cystic Fibrosis		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)	Tier 2	PA; SP
TOBI PODHALER INHALATION CAPSULE 28 MG (tobramycin)	Tier 2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (tobramycin)	Tier 2	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 1	PA; SP
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	Tier 1	PA; SP
Cystic Fibrosis - Inhaled Monobactams - Drugs For Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (aztreonam)	Tier 2	PA; SP
Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator - Drugs For Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 25 MG (ivacaftor)	Tier 2	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG (ivacaftor)	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG (ivacaftor)	Tier 2	PA; SP
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb - Drugs For Cystic Fibrosis		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG (lumacaftor)	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor)	Tier 2	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (tezacaftor)	Tier 3	PA; SP
Elastase Inhibitors - Drugs For Asthma/Copd		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (alpha-1-proteinase inhibitor)	Tier 2	SP
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG (alpha-1-proteinase inhibitor)	Tier 2	SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (alpha-1-proteinase inhibitor)	Tier 3	SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG (alpha-1-proteinase inhibitor)	Tier 2	SP
Lung Surfactants - Drugs For The Lungs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (poractant alfa)	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (calfactant)	Tier 3	
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML (lucinactant)	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (beractant)	Tier 3	
Mucolytics - Drugs For The Lungs		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (dornase alfa)	Tier 2	PA; SP
Nasal Anesthetics - Allergy		
cocaine nasal solution 4 %	Tier 1	
Nasal Anticholinergics - Allergy		
ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)	Tier 1	
Nasal Antihistamine And Anti-Inflammatory Steroid Combinations - Allergy		
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY (azelastine)	Tier 2	ST: Prior prescription for Flunisolide or Fluticasone Propionate in the past 365 days; QL (23 GM per 30 days)
TICALAST NASAL KIT,SPRAY SUSPENSION AND SPRAY 137 MCG-50 MCG- 0.9 % (azelastine)	Tier 3	ST: Prior prescription for Dymista, Flunisolide, or Fluticasone Propionate in the past 365 days
Nasal Antihistamines - Allergy		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %	Tier 2	QL (30.5 GM per 30 days)
Nasal Corticosteroids - Allergy		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	Tier 1	QL (16 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mometasone nasal spray,non-aerosol 50 mcg/actuation	Tier 2	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (beclomethasone)	Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (beclomethasone)	Tier 2	QL (10.6 GM per 30 days)
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % (fluticasone)	Tier 3	ST: Prior prescription for Dymista, Flunisolide, or Fluticasone Propionate in the past 365 days
TICASPRAY NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % (fluticasone)	Tier 3	ST: Prior prescription for Dymista, Flunisolide, or Fluticasone Propionate in the past 365 days
Nasal Post-Surgical Agents - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 3	PA
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
ADRENALIN NASAL SOLUTION 1 MG/ML (epinephrine)	Tier 3	
TYZINE NASAL DROPS 0.1 % (tetrahydrozoline)	Tier 3	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 % (tetrahydrozoline)	Tier 3	
Non-Opioid Antitussive-1St Gen.Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
brompheniramine-pseudoeph-DM (Bromfed Dm Oral Syrup 2-30-10 Mg/5 Ml)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	Tier 1	
CENTERGY DM ORAL DROPS 1-2-3 MG/ML (chlorpheniramine)	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs For Cough And Cold		
promethazine-dm oral syrup 6.25-15 mg/5 ml	Tier 1	
Non-Opioid Antitussive-Decongestant-Expectorant Combinations - Drugs For Cough And Cold		
G-TUSICOF ORAL LIQUID 10-20-400 MG/5 ML (guaifenesin)	Tier 2	

Tier 0 = Preventive Medications | Tier 1 = Preferred Generic Drugs | Tier 2 = Preferred Brand Name Drugs | Tier 3 = Non-Preferred Brand Name Drugs
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | OCh = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUSICOF ORAL LIQUID 10-20-400 MG/5 ML (guaifenesin)	Tier 2	
TUSNEL DM ORAL LIQUID 10-20-400 MG/5 ML (guaifenesin)	Tier 2	
Non-Opioid Antitussive-Expectorant Combinations - Drugs For Cough And Cold		
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5 ML (guaifenesin)	Tier 2	
Opioid Antitussive-1St Generation Antihistamine Combinations - Drugs For Cough And Cold		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	QL (10 ML per 1 day)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 12 Years)
Opioid Antitussive-1St Generation Antihistamine-Decongestant Comb. - Drugs For Cough And Cold		
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 12 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs For Cough And Cold		
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	Tier 1	QL (30 ML per 1 day)
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	QL (6 EA per 1 day)
hydrocodone-homatropine (Hydromet Oral Syrup 5-1.5 Mg/5 Ml)	Tier 1	QL (30 ML per 1 day)
Pleural Sclerosing Agents - Drugs For The Lungs		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM (talc)	Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM (talc)	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM (talc)	Tier 3	
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs For The Lungs		
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	Tier 2	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	Tier 3	PA; SP

Tier 0 = Preventive Medications | Tier 1 = Preferred Generic Drugs | Tier 2 = Preferred Brand Name Drugs | Tier 3 = Non-Preferred Brand Name Drugs
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | OCh = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs For The Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib)	Tier 2	PA; SP
Vaginal Products		
Vaginal Antibacterial - Lincosamides - Drugs For Infections		
clindamycin phosphate vaginal cream 2 %	Tier 1	
Vaginal Antifungal - Imidazoles - Drugs For Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole)	Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (miconazole)	Tier 1	
Vaginal Antifungal - Triazoles - Drugs For Infections		
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 2	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs For Infections		
metronidazole vaginal gel 0.75 %	Tier 1	
Vaginal Antiseptic Mixtures - Drugs For Infections		
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (oxyquinoline)	Tier 3	
Vaginal Estrogens		
estradiol vaginal cream 0.01 % (0.1 mg/gram)	Tier 1	
estradiol vaginal tablet 10 mcg	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (estradiol)	Tier 2	QL (1 EA per 90 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (estrogens, conjugated)	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 1	
Vaginal Progestins		
CRINONE VAGINAL GEL 4 % (progesterone)	Tier 2	

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